

RN

A JOURNAL FOR NURSES

ANA
CONVENTION
ISSUE



July 1956



WHILE YOU WERE OUT

TO: Dr. Carter

TIME: 2:23

TELEPHONED	X	PLEASE CALL HIM	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTED TO SEE YOU		RUSH	

MESSAGE: Mr. Bracken phoned during lunch hour. His pruritus ani has recurred & he was frantic—couldn't wait for your return. I recommended Calmitol, because that's what you generally suggest. Okay? M.S.

Peggy— Yes, and thanks for handling this. 'Calmitol' is about the best all-purpose antipruritic we know, and it should relieve Mr. Bracken until I can see him. Will you arrange an early appointment?

H.C.

*CALMITOL is the non-sensitizing antipruritic supplied in 1½-oz. tubes and 1-lb. jars by THOS. LEEMING & Co., INC., 155 East 44th St., New York 17, N. Y.

RN

A JOURNAL FOR NURSES

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BPA

NBP

R.N. July 1956; Vol. 20, No. 7. Published monthly by The Nightingale Press, Inc. Oradell, New Jersey. Subscription \$2 a year; 25c a copy; Canada and foreign countries \$3 a year; address: R.N., Rutherford, New Jersey. Entered as second class matter, Nov. 20, 1951, at the post office at Rutherford, N.J. under the act of March 3, 1879. Copyright 1956, by The Nightingale Press, Incorporated.

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BRAND OF NITROFURANTOIN

*in acute and chronic
pyelonephritis, cystitis, prostatitis*

Percentage of Effectiveness of Furadantin Against Various Strains of Bacteria in Vitro

	Aerobacter aerogenes	Proteus sp.	Paracolo- bactrum sp.	Micro- coccus pyogenes	Strepto- coccus pyogenes	Esche- richia coli	Pseudo- monas aeruginosa
Furadantin	82.1	66.6	31.2	91.9	93.9	60.0	13.3
Antibiotic A	71.4	55.5	25.0	93.5	96.9	66.0	26.6
Dihydrostreptomycin	14.2	25.9	12.5	38.7	27.2	28.0	6.6
Antibiotic B	3.5	0	0	66.1	63.6	0	2.2
Penicillin	3.5	0	0	27.4	39.3	0	0
Antibiotic C	14.2	7.4	18.7	46.7	72.6	22.0	11.1

ADAPTED FROM PERRY²

Furadantin's "high degree of effectiveness against bacteria responsible for urinary tract infections is brought out by this study."²

Furadantin dosage—simple and safe: Average adult dose is 100 mg., q.i.d., (at mealtime, and on retiring, with food or milk). Average daily dosage for children is 5 to 7 mg./Kg. in four divided doses.

SUPPLIED: Tablets, 50 and 100 mg., bottles of 25 and 100.

Oral Suspension, 5 mg. per cc., bottle of 118 cc.

REFERENCES: 1. Walshen, B. A., and Crowley, W.: A.M.A. Arch. Int. M. 95:653, 1955. 2. Perry, R. E., Jr.: North Carolina M. J. 16:567, 1955.

NITROFURANS—A NEW CLASS OF ANTIMICROBIALS—NEITHER ANTIBIOTICS NOR SULFAS

Eaton
LABORATORIES

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COVER CREDITS: *Photographer, Walter Herstatt; cap and pin, Lillie Jolly School of Nursing, Houston, Texas; uniform, Bob Evans Uniform Co., Baltimore 3, Maryland.*

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MANUSCRIPTS are always welcomed by the editors—particularly those written on nursing and allied subjects by interested authors. Manuscripts should be typed, with double or triple spacing. Send photographs and/or illustrations with manuscripts whenever possible. All published manuscripts become the property of R.N. Manuscripts not accepted will be returned to their authors.

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ABOUT

THE COVER



NEARING its golden jubilee, the Lillie Jolly School of Nursing, known first as the Baptist Hospital School for Nurses, then as the Memorial Hospital School of Nursing, was the first chartered school of nursing in Houston, Tex. Its graduates now number more than 1,200.

The school, which in 1945 was named in honor of its long-time director of nurses, is a unit of Memorial (formerly Baptist) Hospital, a 470-bed establishment, also founded in 1907.

Originally, the school offered a two-year program—extending it to three years in 1914. Affiliation with the University of Houston in 1940 added courses in social science to the curriculum; and in subsequent years, courses in the physical and biological sciences, nutrition-diet therapy, and freshman English became a part of the school's broadened program. A credit of twenty-nine semester hours is offered by the university to those who complete their courses.

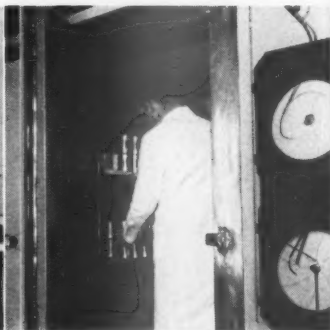
The school's bronzed pin encircles the hospital's initials, below which appears the motto: *Semper Fideles* (Always Faithful).

Report | from Carnation Research Laboratory Van Nuys, California



Nutritional Research

The never-ending effort to reach even higher standards for Carnation products includes both biological and analytical research. In the latter phase, all necessary, definitive equipment is available at Carnation Research Laboratory. Here, for example, a staff member determines vitamin B content of a Carnation product, using a Beckman Quartz Spectrophotometer.

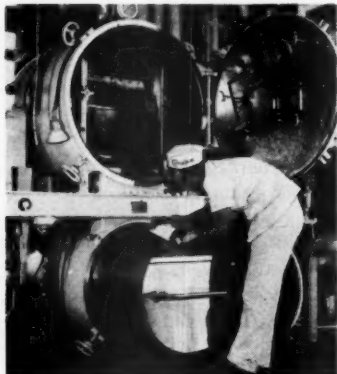


Product Stability Research

Carnation research also assures retention of optimum food values under maximum adverse conditions. Among other facilities, a diurnal cycling cabinet permits staff members to study Carnation products under extremes of temperature and humidity.

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Carnation Research Laboratory includes a complete pilot plant staffed by competent technicians. Mass production problems, if any exist, are detected and further research instituted.



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- Massengill Powder has a low surface tension which enables it to penetrate into and cleanse the folds of the vaginal mucosa.
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- Massengill Powder solutions are easy to prepare. They are nonstaining, mildly astringent.



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when recommending a vaginal douche

indications:

Massengill Powder solutions are a valuable adjunct in the management of monilia, trichomonas, staphylococcus, and streptococcus infections of the vaginal tract. Routine douching with Massengill Powder solutions minimizes subjective discomfort and maintains a state of cleanliness and normal acidity without interfering with specific treatment.

*In a recent clinical report, ambulatory patients—with an alkaline vaginal mucosa resulting from pathogens—maintained an acid vaginal mucosa of pH 3.5 for 4 to 6 hours after douching with Massengill Powder; recumbent patients maintained a satisfactory acid condition up to 24 hours.

Generous samples on request.

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Bristol, Tennessee New York Kansas City San Francisco
july, 1956



PAIN RELIEF *at your finger tips*

Just a squeeze of the tube and this *topical anesthetic* will soothe the pain, itching and burning, symptomatic of hemorrhoids, herpes zoster, burns, abrasions, nipple soreness, eczemas, external sutures, plantar warts and, in fact, most skin conditions.

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Xylocaine Ointment is fast in onset, deep in penetration, and long in duration. It can be used without untoward effects, sensitization, or irritation.

Available in collapsible tubes of 2.5% strength, containing 35 grams (approx. 1.25 ounces).

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I would like to try a sample of Xylocaine Ointment.

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City _____ Zone _____ State _____





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rapid
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Acetyl-p-aminophenol .0125 Gm. (2 gr.)
(active therapeutic metabolite of acetanilid)

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Vials of 12 tablets; bottles of 100 and 1000 tablets.

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july, 1956



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always

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COVER REQUEST

Dear Editor:

I always read R.N. straight through on the day it arrives. I particularly enjoy such true stories as Joanna Long's ("Miracles Don't Happen?") in the March issue. My back copies are mailed to a nurse in Israel. As an alumna of the Massachusetts General Hospital School of Nursing, Class of 1949, I look forward to seeing our cap, pin, and uniform on your cover.

BARBARA J. MANONI, R.N.
WETHERSFIELD, CONN.

[Plans for an MGH cover had already been initiated when this letter was received.—THE EDITORS]

STUDENTS' VIEWPOINT

Dear Editor:

Yale University's decision to discontinue its basic nursing course in favor of a new graduate program leading to an M.S. in nursing forfeits one of the major bases upon which the profession is founded.

The Yale School of Nursing, founded in 1923, originally accepted students with two years of college credits, and its three-year basic course led to the degree of Bachelor of Nursing. In 1934, entrance requirements were raised; those enrolling in the basic course were required to have a bachelor's degree—and graduates have since been accorded the degree of Master of Nursing. It is a logical step forward to advance this degree to that of Master of Science in Nursing.

But it would seem that the ideals

DEBITS

under which the school was founded would be better realized were the basic course maintained in conjunction with the advanced program—thus insuring a supply of college graduates as enrollees.

Unique in its position as the only school geared specifically to the needs of college graduates entering the nursing field, the Yale school has provided the necessary groundwork for a nursing career. In the new program, enrolling students will have to acquire this groundwork elsewhere.

MARY H. STONE, YSN '57
JOCELINE A. KUMM, YSN '57
MARY C. DYE, YSN '58
SHIRLEY ANN FAULKNER, YSN '58
NEW HAVEN, CONN.

DISASTER PLANNING

Dear Editor:

We have read with interest the articles on disaster planning in your May issue. We would appreciate receiving twelve reprints.

We are actively engaged in a two-part program: (1) to establish emergency hospitals throughout Dade County through the conversion of local schools and the training of lay people to staff these hospitals; and (2) to encourage and

TMTD

New Soap Germicide Proved More Effective than Hexachlorophene

The medical profession will be pleased to learn of a new advance in the development of germicidal soaps. A bacteriostat-fungicide, incorporated several years ago into Lifebuoy soap, has demonstrated a marked superiority over Hexachlorophene in the control of skin pathogens.

This new soap germicide is Tetra-Methyl-Thiuram-Disulfide, usually abbreviated to TMTD. 1% TMTD-Lifebuoy has been proved significantly more effective than 2% Hexachlorophene soap against staphylococci normally resident on the skin—both staphylococcus aureus, responsible for formation of perspiration odor, and staphylococcus albus, responsible for the growth and spread of surface skin blemishes.

In addition, 1% TMTD-Life-

buoy is extremely effective in three areas in which 2% Hexachlorophene soaps have little or no value:

1. Against such "gram negative" organisms as *E. coli*, which may under certain circumstances present a problem in skin health.
2. Against pathogenic fungi, such as those responsible for athlete's foot and ringworm.
3. TMTD retains its effectiveness in the presence of blood serum—Hexachlorophene loses its effectiveness.

Lifebuoy with TMTD offers other advantages which will be of interest to you. For a full report on the medical significance of the new TMTD-Lifebuoy, as well as a free full size sample cake, simply mail in the coupon below.

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CITY _____

STATE _____

Offer limited to U. S. and possessions.



assist local hospital administrators in developing individual disaster plans and in correlating these plans with the overall Civil Defense plan.

We felt that your May articles would be of considerable assistance.

ALTON E. PICKERT
HOSPITAL ADMINISTRATOR
DADE COUNTY
CIVIL DEFENSE COUNCIL
MIAMI, FLA.

* * *

Dear Editor:

I read R.N. religiously and am particularly impressed with the May issue. It seems that every time I turn around I hear of (or read of) a hospital disaster program. As you know, this is now one of the criteria for accreditation by the Joint Commission. What a wonderful check list you prepared for hospital administrators!

THOMAS E. FREY
ADMINISTRATOR
ALLEN MEMORIAL HOSPITAL
WATERLOO, IOWA

FEE IDEA

Dear Editor:

As a young graduate interested in promoting the cause of professional bedside nursing, I heartily endorse Florence L. McQuillan's February proposal that hospital nurses be paid a \$5-a-day fee directly by each patient they care for instead of being hired on a salary basis by the hospital. Whether or not her suggestion is possible of fruition remains to be seen. Nevertheless, it is encouraging to note that there are still some nurses

#1 nurse's aid



makes white shoes



whiter than new

Surveys conducted by a leading nursing magazine* revealed that...

More nurses prefer and use

ESQUIRE LANOL-WHITE

than the next 3 brands combined!

They like the way it dissolves dirt completely, leaves shoes whiter, stays on longer... all in one simple operation. And LANOL-WHITE is the only white that contains lanolin, nature's own leather preservative that helps keep your shoes from drying out and cracking.

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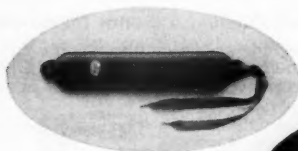
ICE PACKS WITHOUT ICE

ready to use at a moment's notice!

Davol's new Redi-Freeze Ice Packs are pre-filled with an easy-to-chill solution for more efficiency, greater economy. No cracking of ice or packing of conventional ice packs necessary... and Redi-Freeze Ice Packs *stay cold longer*. Just place in deep-freeze unit until ready to use. Save valuable time of ward personnel.

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Increased patient-comfort! Softer, more flexible when in use. Even after freezing, Davol Redi-Freeze Ice Packs remain pliable. Elimination of hard metal parts assures comfortable application. Three different styles answer the needs of every patient... every part of the body.



No. 414 Child's Throat Ice Pack
Size 2½" x 10"—Red—all rubber.



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Adult's Throat
Ice Pack
Size 4" x 12"—
Red—all rubber.



No. 416 Adult's General Body Ice Pack, size 6" x 12"
Red rubber—cloth inserted—reinforced.

DAVOL RUBBER COMPANY
PROVIDENCE 2, R. I.

striving to preserve the quality of bedside nursing.

Just as every patient is entitled to the best possible nursing care, so every nurse who wants to remain at the bedside should be given that opportunity.

(Mrs.) DOLORES DI MEO, R.N.
CLEVELAND, OHIO

POSIES FOR THE ANC

Dear Editor:

I find R.N. most interesting. Was thrilled with your January article about President Eisenhower's nurses. So few in civilian life know what good faithful service our Army nurses give—not only to generals but to our G.I.'s.

BARBARA MACNABB, R.N.
ST. PETERSBURG, FLA.

DAY OF RECKONING

Dear Editor:

I like Miss Geister's February article, "Getting Set to Live," and wish she would write further on this subject. Believe it or not, there are some nurses in the older group who discourage formal education for the younger nurse. This frightens me, for the day of reckoning comes.

Why do so many feel that education makes one lose the human touch? Is there any reason why the two cannot be present in one person? We need intelligent direction—as well as the desire to serve—if all our complained-of faults are to be corrected.

The reason I am interested in the younger group is that I made a mistake—which could have been

mucosity

(excessive mucous discharge from body membranes)

often causing

CATARRH
POST-NASAL DRIP
GENITAL DISTRESS
"DENTURE ODOR"
"BAD BREATH"

may be controlled with



GLYCO-

THYMOLINE®

an alkaline cleansing solution
for soothing mucous membranes

When excessive, sticky, mucous secretions harass the Oral or Genital passages, a rinse, spray or douche with soothing Glyco-Thymoline helps amazingly. Glyco-Thymoline does not contain non-proved germicidal agents. It works differently:

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Sample on request

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Middletown, New Jersey

avoided had I gotten "set to live" instead of drifting. My life has not been completely fruitless; but my experience has made me appreciate what our profession is trying to do for future nurses.

(Mrs.) ROSE H. WILSON, R.N.
WASHINGTON, D.C.

R.N. FAMILY (MALE)

Dear Editor:

At various times your *Debits & Credits* section carries letters from proud R.N. mothers who tell you how much they and their R.N. daughters enjoy reading and discussing articles in your journal. As an R.N. father, I would like you to know that my two R.N. sons and I also enjoy and appreciate R.N. We especially like your news

capsules and editorials. Frequently, one or more of us may not agree completely with the editorial writer. This gives us food for debate and helps us to broaden our viewpoints.

All three of us are graduates of the Craig Colony School of Nursing, Sonyea, N. Y.

A. W. INSLEY, R.N.
MOUNT MORRIS, N.Y.

FOR AND AGAINST

Dear Editor:

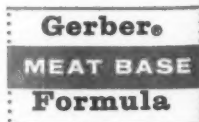
I was really thrilled with the wonderful article on natural childbirth (R.N., Feb.). It is beautifully and truthfully written. The suggestion to change the term "labor pains" to "contractions" is a splendid one.

Constructive things progress slow-

help

for the mother and her infant...

Gerber Meat Base Formula offers a reliable replacement for cow's or goat's milk since it closely approximates evaporated milk in complete proteins, carbohydrates, fats, minerals — is well-tolerated by even the newborn. Clinical survey* indicated no weight loss or anemia in over 100 infants receiving meat base formula. To be fed through regular nursing bottles. Available through druggists. Gerber Products Company, Fremont, Mich.



*Rowe, Albert, Jr. and Rowe, Albert H.: *Cal. Med.* 81:279 (Oct.) 1954

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nurses



bound...

to give optimal therapeutic results

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elasticity for compression • body for support



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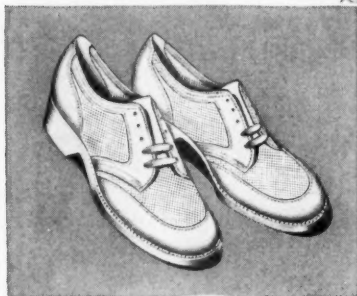
july, 1956

17

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could be finer

for YOUNG WOMEN in WHITE . . .



427



300



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THE CLINIC SHOEMAKERS, 1221 LOCUST ST., DEPT. RN-7, SAINT LOUIS 3, MO.

ly, of course; but if more nurses were better informed about natural childbirth, the new and better method would grow faster.

KATHERINE NIMMO, D.C., R.N.
OCEANO, CALIF.

* * *

Dear Editor:

I enjoyed the article, yet couldn't help but wonder whether either of the co-authors is a mother. It is so simple to tell other people how to do something which we ourselves have never experienced.

My first delivery was a caudal, my second a natural one. All I can say is I'll never consent to a natural delivery again.

(Mrs.) FLORENCE E. BICHKO, R.N.
LYNBROOK, N.Y.

WATCHED US GROW

Dear Editor:

I have watched your magazine grow in size. To me, it gets better and better. I have the great pleasure of knowing Janet Geister personally, and I enjoy her articles.

A life member of the Florida State Nurses Association, I was its executive secretary for some years. I am now doing supply work for the delivery rooms in my own Alma Mater. I love my work, and I derive a great deal of benefit and pleasure from R.N.

(Mrs.) PHYLLIS R. LEONARD, R.N.
ST. AUGUSTINE, FLA.

BREAST-FEEDING

Dear Editor:

Received your March issue this morning and wish to tell you how

after Mastectomy

only



IDENTICAL *Form*



a
"surprisingly
simple"
**breast
form**

restores Normal Contour
Natural Alignment
Life-like Motion
Self Confidence

through balancing weight compensation
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adaptable to any brassiere, even bathing suit

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R.N.

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july, 1956

when
other
therapy
fails*

in dry eczema

pruritus

diaper rash

external ulcers

dermatitis
(plant, allergic,
chemical)

sunburn
and other burns

dermatoses

apply

panthoderm cream

the **first** and **only** topical therapy
to contain pantothenylol
(analogue of pantothenic acid)

quickly relieves pain and itching
stimulates granulation and healing

Soothing, bland, non-sensitizing
and non-irritating; water-miscible.

in 2 oz. and 1 lb. jars,
and 1 oz. tubes.



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much I enjoyed "My Baby Was Breast-Fed." I agree with the author all the way. Breast-feeding is a satisfying experience that has many advantages, and I wish more "Mommies" realized it.

Your magazine is tops!
(Mrs.) ELIZABETH A. LAWLOR, R.N.
AMES, IOWA

* * *

Dear Editor:

Would appreciate receiving 100 reprints of "My Baby Was Breast-Fed." Will be happy to pay for them. Would like to encourage more of my maternity patients to nurse, and I think this appropriate article by a nurse would be a big help.

GEORGE G. MORAN, M.D.
DOWNERS GROVE, ILL.

WRITE, PLEASE

Dear Editor:

My 16-year-old son, Barry Price, injured recently in a gymnasium accident which damaged his spinal cord and left him paralyzed from the neck down, is a patient at Massachusetts General Hospital, Boston. It may be many weeks before we can take him home (we live in Rochester, N.H.). It occurred to me that someone might be glad to drop him a line of encouragement—for the days are long and he is homesick. (Incidentally, he's a Red Sox fan.)

To be near him, I am living here temporarily and working nights as a staff nurse at Baker Memorial, an MGH unit.

ROSE PRICE, R.N.
DORCHESTER, MASS.

Summer Therapy in PSORIASIS



The eruptions of psoriasis may disappear in the summer, to reappear in the winter (Madden¹). According to Morris², "the best security against relapse is the completest possible removal of all remnants of the disease."

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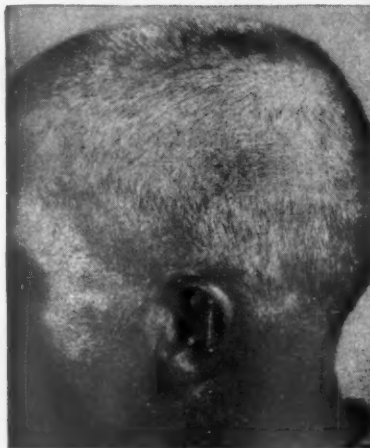
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¹Minnesota Med. 22:381, 1939.

²Brit. M. J. 2:1328, 1954.



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R50-4

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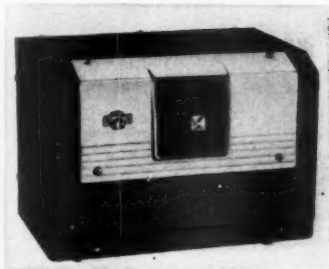


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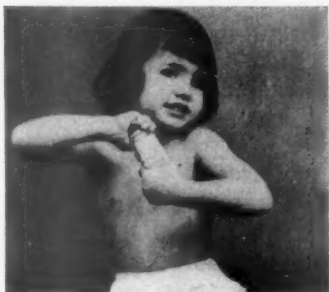
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NEW ON THE MARKET



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To frustrate the efforts of small fry bent on overdosing themselves with flavored aspirin, bottles of Dulcet, Abbott Laboratories' candy-like brand, are now safety-capped with a spring steel "U-Press-It" closure. Simple for an adult to remove, the cap is so designed that small children have not the required strength to open it.▶



◀ Sightless or handicapped persons will welcome the Alice Smith Script Writing Aid which helps them to write letters, checks, etc., accurately and legibly with straight lines. A product of Sightless Enterprises, Inc., Canton 2, Ohio, the aid retails at \$4.95, but is available in quantity at wholesale cost to hospitals, schools, etc.

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CONVENTION ACTION



ANA PLATFORM

✓ Adopted without dissent was the ANA platform for 1956-1958. The platform covers three areas: participation in providing health protection for the American people; helping nurses to become more effective members of their profession; and promotion of better health care for the people of the world.

✓ ✓ ✓

CODE OF ETHICS

✓ An editorial correction and a major amendment of the profession's code of ethics were approved by delegates as they changed the title of the code to read "The" rather than "A" Code for Professional Nurses, and revised Item 11, clarifying the position of professional nurses in endorsing commercial products. In the future, SNA's will be urged to adopt the code as a guide for professional conduct within the states.

The amended Item 11 now reads: Professional nurses assist in disseminating scientific knowledge through any form of public announcement not intended to endorse or promote a commercial product or service. Professional nurses or groups of nurses who advertise professional services do so in conformity with the standards of the nursing profession."

Previously, Item 11 pertained only to nurses and testimonials, but the revised statement consists of two parts: one referring to testimonials in advertising, research, and publications; and the other—entirely new—to advertising of professional services.

✓ ✓ ✓

PROGRAM FOR PROFESSIONAL GROWTH

✓ Unanimous approval greeted a resolution submitted by the Pennsylvania Nurses Association, asking the ANA, in effect, to provide opportunities for the professional growth of the nurse through ANA-sponsored meetings on clinical subjects at the community level. SNA's were requested to cooperate in such a program.

SECTION BUSINESS

✓ Functions, standards, and qualifications, or FS & Q in ANA parlance, have been the chief concern of sections over the past four years. At this convention, FS & Q statements developed for various categories of nursing were approved by appropriate sections or conference groups.

✓ Both the Private Duty Nurses Section and the Industrial Nurses Section voted to retain the names of their respective sections. The first renounced the suggestion of "Professional Private Nurses Section," and the latter, at this time, turned down "Occupational Health Nurses Section."

✓ Operating room nurses of the Educational Administrators, Consultants, and Teachers, the General Duty, and the Institutional Nursing Service Administrators Sections have formed an Operating Room Nurses Conference Group within the ANA. It was reported that seventeen states now have intersectional conference groups, while two have Operating Room Nurses Sections.

✓ Members of the EACT Section were given a preliminary report on the survey of salaries and personnel practices for teachers and administrators in nursing education programs. Highlights of the report: the median salary of all teachers and administrators in such programs was \$4,140; average salaries were higher in collegiate schools; median salaries were highest in state or local government positions and lowest in the church group of schools.

✓ An official message from INSA members invited head nurses to join their section. This bid for membership gives head nurses a choice of joining either the INSA Section or the newly formed Head Nurses Branch of the General Duty Nurses Section.

✓ An ANA statement entitled "The Director of Nursing Service and the Economic Security Program," prepared by the INSA Section and approved by the ANA Committee on Economic and General Welfare, points out the dual economic role of the director as a member of her professional association and as a representative of management in negotiating with nurse employees. It also advises directors to request assistance from SNA's, if they cannot solve their own employment problems.

✓ The economic welfare of the executive secretary was a convention topic of the Executive Secretaries and Counselors Conference Group of the Special Groups Section. The consensus seemed to be that a "democratic spirit and democratic procedure" was the best course to follow in SNA offices, especially in those too small to permit normal bargaining.

✓ Office nurses, now members of the Special Groups Section, plan to have their own national Office Nurse Section by the next convention in 1958. By that time, it is predicted, the four additional state sections needed to form such a section will be organized.

[Turn the page]

✓ The exodus of some 10,000 office nurses from Special Groups into a section of their own would reduce Special Groups membership to about 4,000. That the problem of meeting the interests of this relatively small group engaged in many occupational activities is a thorny one was acknowledged in a special report presented to section members for discussion. Out of this discussion came a request that an intersectional committee be appointed to discuss and recommend clarification of membership, and possibly redistribution of members. Special Groups members, however, strongly rejected any move toward dissolution at the present time.

LEGISLATION

✓ At a pre-convention meeting, the ANA Board voted that passage of legislation involving federal grants to states should not depend upon the segregation issue. The stand was taken because of an amendment proposed by Rep. Adam Clayton Powell (D., N.Y.) to withhold grants from states not complying with the Supreme Court decision on desegregation. While agreeing with the principle of desegregation, the Board feared that such an amendment would help defeat any bill to which it is attached.

NURSING DEFINED

✓ A long-awaited legal definition of nursing (both practical and professional) was completed during the past biennium, according to the convention report of the ANA Committee on Legislation. Such a definition, it is claimed, will help SNA's in securing sound state licensure laws for practical and professional nurses.

According to the accepted two-part definition, "The practice of professional nursing means the performance for compensation of any act in the observation, care, and counsel of the ill, injured, or infirm, or in the maintenance of health or prevention of illness of others, or in the supervision and teaching of other personnel, or the administration of medications and treatments as prescribed by a licensed physician or dentist; requiring substantial specialized judgment and skill and based on knowledge and application of the principles of biological, physical, and social science. The foregoing shall not be deemed to include acts of diagnosis or prescription of therapeutic or corrective measures."

"The practice of practical nursing means the performance for compensation of selected acts in the care of the ill, injured, or infirm under the direction of a registered professional nurse or a licensed physician or a licensed dentist; and not requiring the substantial specialized skill, judgment, and knowledge required in professional nursing."

INTERGROUP RELATIONS PROGRAM

✓ Great strides have been made over the past eight years in integrating nurses belonging to minority groups, according to a report on the ANA Intergroup Relations Program issued during convention week. Before World War II, Negro applicants were accepted by only 42 out of over 1,200 U.S. schools of nursing; membership to Negro nurses was refused by fifteen SNA's; and few non-segregated nursing service departments employed Negroes.

Today, states the report, most nursing schools say they accept qualified applicants from all racial and religious groups; nursing service departments in most states employ minority group nurses on an integrated basis in staff nurse positions; and the same departments permit upgrading and promoting of these nurses. Moreover, only one SNA (Georgia) withholds membership from Negro nurses.

Presently, the ANA helps minority group members through its Professional Counseling and Placement Service and its Committee on Economic and General Welfare; the latter has appointed a Subcommittee on Employment Opportunities for Minority Group Nurses. In the offing is a research study for a proposed intergroup relations project by the American Nurses Foundation.

' ' '

RESEARCH

✓ Released during convention week was a 62-page preliminary report on more than twenty nursing functions studies conducted over the past five years. The report, "Nurses Invest in Patient Care," highlights findings of the ANA research program under such categories as (1) social structure of hospitals; (2) administration; (3) head nurse; (4) general duty nurses and auxiliary personnel. These findings, it is stated, "represent a solid basis of fact that can be useful in planning for nursing service and nursing education and in interpreting nursing to the public." A second comprehensive report on completed studies will be prepared under the direction of Everett C. Hughes, Ph.D., sociologist and member of the American Nurses Foundation Technical Committee.

Established by the ANA in 1950, the research program was financed during its first two years by voluntary contributions from members. In the next three years, support came from an increase in dues approved by the House of Delegates in 1952. From 1955, the program has been continued by the American Nurses Foundation, Inc., set up to receive "tax-free funds for desirable charitable, scientific, literary, or educational projects in line with the aims and purposes of the ANA."

[Turn the page]

ICN NEWS

✓ The ANA has been allotted 992 places at the 11th Quadrennial Congress of the International Council of Nurses to be held in Rome, May 27 to June 1, 1957. Each SNA has been given an allocation based on membership as of December 31, 1955; included in each state's quota are members of the National Student Nurses Association.

* * *

BULLETIN AWARDS

✓ Winners of the awards for general excellence in the American Journal of Nursing Company's 1956 Award Competition for State Association Bulletins (announced in Chicago, May 19, at a ceremonial luncheon) are: Group I, *Pennsylvania Nurse*; Group II, *Iowa Bulletin*; Group III, *Delaware Nurse*; Group IV, *Montana Bulletin*. An award for overall improvement went to *Idaho Gem State RN*. In all, seventeen awards were given to fourteen state publications with the *Pennsylvania Nurse*, the *Delaware Nurse*, and the *Montana Bulletin* claiming two awards apiece.

* * *

FELLOWSHIP

✓ Seventh winner of the 1956 Mary M. Roberts Fellowship award is Louise Lear, public health nurse of Bethel, Alaska. Miss Lear, now employed by the U. S. Public Health Service at the Alaska Native Hospital in Bethel, plans to take her year's study in journalism at the University of Washington School of Journalism, Seattle, Wash.

* * *

STUDENT NEWS

✓ National Student Nurses Association members turned out for their final business meeting in the uniforms of their respective schools. They were told that the board of directors of the International Council of Nurses had decided to accept students as part of the delegation, and that applications to attend ICN meetings would be made only through the SNA's of the American Nurses Association.

Another report listed the aims of the NSNA as: (1) Increasing understanding of nursing school organization; (2) Assisting the student to become more aware of her own needs; (3) Understanding the readjustment of nursing education to meet broader goals; (4) Raising nursing education standards; and (5) Preparing to participate now and as graduates in the development of nursing education. Recommended for consideration was the long-range goal of fostering "greater knowledge, understanding, and student participation in the development of nursing education programs."









CONVENTION THEMES



“In a message to the ANA’s fortieth convention, President Eisenhower—last year the profession’s most important patient—lauded the contributions which nurses have made toward the betterment of nursing service, the advancement of nursing education and research, the solution of the shortage problem, the improvement of working conditions, and the furtherance of public respect for nursing as a profession. “Through many years,” the President wired, “I have been profoundly impressed by the invaluable services provided by the nurses of this country. I applaud the contribution of each of you to this progress and wish you its long continuance through the years ahead.”

• • •

“In her keynote program speech, “Nursing, Primitive and Civilized,” Margaret Mead, Ph.D., nationally known anthropologist and associate curator of ethnology for the American Museum of Natural History in New York City, amused her large audience with various reminders of the human foibles civilized societies (ours included) are subject to in developing professional standards, codes of ethics,

curricula “for training the young people who are going to come up, and for re-training the old people who have come up.” There is a period, she said, of “professional staking out of territory,” that is, “taking away other people’s territory”; and another of “building pyramids, altars, balconies, high places inside the territory, which is called . . . upgrading.”

Nurses laughed at themselves when Dr. Mead poked fun at our present preoccupation with “integration, acceleration, differentiation, functionalism, nonfunctionalism, refunctionalism.” Commenting on the acceptance of men in the nursing profession, she told her listeners that “in letting men in, you are following a national trend.”

In a more serious mood, Dr. Mead observed that civilized peoples, unlike primitive ones, have very little personal contact with death, and that there is a great need in this country for “a greater and simpler recognition that people die as well as being born.” Children, she said, have been too far separated from reality in this regard.

We need to face “some of the facts of human suffering and hu-

man grief that we have been dodging," she added. "We need to bring back the word 'compassion,' which has almost vanished from our vocabulary [and which] has always had an image in it of someone who lays his hands gently on the suffering, the frightened, the sick. But there is one place where all of us have an opportunity to experience compassion in its complete disciplined, sensitive form, and that is in the compassion of a nurse's hands, laid on the suffering child or closing the eyelids of the dead."

1 1 1

“Speaking on “Chaos, Crisis, and Cooperation,” Daisy C. Bridges, executive secretary of the International Council of Nurses, told the ANA gathering that in countries where the medical profession boasts a higher standard than that of the nursing profession the health of the people does not reflect the medical standard—“for it takes nursing to vitalize health services.” By way of emphasis, she quoted a remark by the late Annie W. Goodrich: “As nurses, we care for human beings before they draw their first breath, and not until they draw their last breath do we release them from our influence.”

Referring to the chaotic conditions that exist in many parts of the world today, including the refugee problems in such places as Korea, Greece, and the Near East, Miss Bridges reminded her audience that it is always in time of chaos that medicine and nursing

make their greatest strides. The first hospitals on record were founded, she said, when the Roman Empire was crumbling; the first nursing orders were established during the Crusades; it was during the Crimean War that Florence Nightingale was inspired to revolutionize hospital nursing; and World War I gave tremendous impetus to all forms of nursing and medical work, particularly in the field of prevention of illness.

Internationalism has chaotic as well as cooperative potentials, Miss Bridges warned; but in the nursing field, members of the ICN, founded in 1899, “have built up a fine spirit of cooperation” and now have been organized internationally longer than any other professional group of women.

“Someone,” she added, “has said that if we all spoke the same language, there would be no more war—and, we can therefore suppose, no more chaos, no more crises. I sometimes feel there is truth in this saying. But as nurses, we *have* a common language. It is the language of a common purpose, of sympathy and understanding.”

In conclusion, she repeated the comment made last year by a New Zealand minister: “God sometimes uses nurses to help Him show the world what He is really like.”

1 1 1

“At the start of the convention, Agnes Ohlson, ANA president, reminded the delegates that 1956 marks the end of the sixth decade

in the organization's history. "Ten years ago," she recalled, "our activities were governed by a budget of approximately \$289,000. This year, our budget is three times that amount."

The intervening decade, she went on to say, has seen the official recognition of nursing as a profession; the adoption of the first Code for Professional Nurses; the launching of an extensive research program and incorporation of the American Nurses' Foundation; the development of a counseling and placement service; the opening of an ANA office in Washington, D.C. for expanded legislative activities; the establishment of an economic security program, a comprehensive public relations program, and an intergroup relations program; and the expansion of international activities. Nursing must progress with the times and plan beyond the present, Miss Ohlson said; otherwise, "we shall find ourselves members of a profession without stature and an organization without strength."

To function effectively as an organized group ten or twenty years hence, Miss Ohlson said that study of social and economic trends is necessary, and that ANA has already taken steps in that direction by creating, at its last convention, a committee on current and long-term goals.

Referring to the fact that nurses are now performing many functions formerly handled by doctors, Miss Ohlson predicted an increase in "the tempo of this trend." Nurses,

she said, "must in turn delegate more of their activities to others. This will gradually bring about a relocation of responsibilities and, I believe, an increasing correlation between medicine and nursing. The nursing profession must help such a correlation mature. At the same time, nursing must not neglect its responsibility in helping the development of . . . practical nurses and auxiliary health personnel [who] are integral components in today's health care picture."

Miss Ohlson also noted that:

¶ Nursing must consider carefully what it needs most from the ANA and find methods of meeting such needs.

¶ The need for leadership in nursing is obvious, and leadership experience must be developed.

¶ Nurses must be cognizant of the growing importance and influence of group action. One can accomplish little alone today; the trend is for organized groups to speak for and represent individuals.

¶ Group activity requires that nurses present a united front to the public, and this is perfectly compatible with the democratic principles upon which the ANA is based.

¶ Nursing needs dissenters, varying viewpoints, and alert, inquiring minds. Yet, once a majority decision is reached, all must stand together and speak with one voice. The profession must be firm without being arbitrary, and must not permit opposition to "divide and

[Continued on page 71]

CONVENTION COMMENTARY



FOR five marathon-like days in the third week of May, some 11,000 packed Chicago's cavernous Coliseum and the meeting rooms of various hotels for the fortieth convention of the American Nurses Association. What the delegates, speakers, and section members did and said at the business sessions, panel discussions, and other events provided the subject matter for our "Convention Capsules" in last month's issue and our continuing reports in this issue. But something else—the delegates' mood as they made their deliberations—provided the material for this commentary.

Delegates' Mood

Did the delegates' mood represent a conscientious attempt to follow through on President Agnes Ohlson's plea for a united front—or was their early concord mere coincidence? Intentional or not, in four talk-filled business sessions, the House of Delegates was well on its way to becoming one of the most unique in sixty years of ANA history as its members endorsed 98.8 per cent of the proposals put before them.

They were diverted from this straight and narrow course, and from their tranquil mood of unanimity, only when (1) delegates from the distant U.S. territories found that a bylaws' amendment had deprived them of their proxy vote; (2) the Board of Directors' resolution, opposing the Bolton bill (H.J. Res. 485), was introduced; and (3) an alternative to the Bolton bill was proposed by Dr. R. Louise McManus of Columbia University's Teachers College.

It may warm the cockles of some hearts to look forward to the day of complete unanimity within the ANA; but such a goal can cause cardiac arrest in others, who believe that an alert, questioning House of Delegates makes for a healthier profession.

Majority-Oriented

Organization people, in their supersensitivity to criticism, are wont to overemphasize the desirability of unified thinking. Legislatively, such thinking is definitely effective; organizationally, it can be suicide.

Crusader, pioneer, trail blazer, and martyr are the forerunners of

the future; but before being recognized as such, they are first members of a minority. A divided ANA could never stultify nursing as much as could a so-called unified one which had the power to prevent a minority voice being raised against a majority decision for fear of weakening the legislative position of the association. True leadership is found far ahead of the majority—not among it.

At the final business session of the House of Delegates, it was definitely the voice of the minority, not the majority, that was heard; but it was also the voice of recognized leadership.

Alternate to Bolton Bill

Prior to that—before the House voted its opposition to the controversial Bolton bill, when Dr. McManus questioned the ANA's interpretation of the bill—most of the delegates turned a cold shoulder, but they certainly did not turn their backs when she proposed her alternative to H.J. Res. 485—a proposal which would enable the ANA to take leadership in a joint, non-governmental survey.

Dr. McManus' persistence in getting her idea through to the House of Delegates marks her as a courageous, independent thinker who is staking her professional and academic reputation on a suggested solution to a critical matter. No one—whether in favor of the idea or not—could help but admire her dedication or fail to consider seriously the merits of her proposal.

Following Dr. McManus' presentation, a motion by Delegate Ruth T. McGrorey (N.Y.), embodying the McManus proposal, urged that nursing take the initiative in securing the assistance of other health organizations in planning to get under way as soon as possible a comprehensive study of health care . . . including (but not limited to) nursing . . . and similar to the study of mental illness under the Mental Health Study Act of 1955. Ensuing discussion indicated the delegates' interest and that the motion would pass with overwhelming support.

No ulterior motive may have prompted the ANA president's request that the motion be amended. (As offered, she contended, the motion "would be a direction to *have* legislation"; but if re-worded as she suggested it would authorize the Board of Directors "to study such a possibility"—and thus "give the Board greater flexibility in moving toward the timing . . . of the study.") However, there was strong suspicion among some of the delegates that "oral surgery" was the intent of the amendment.

Suspect Amendment

This suspicion grew when Miss McGrorey, agreeing to amend her motion, emphatically declared its aim was that the ANA take the initiative—and when the Chair replied the decision to do so would rest with the Board.

The charged ozone in the Coliseum as the Chair parried for posi-

[Continued on page 67]

Running around the block may be a better way to control one's temper than counting ten. Such exercise causes the body's counter-shock mechanism to fight physical shock instead of anger, according to Dr. Ernest H. Michael of Santa Barbara College, Calif.

Used twice daily, certain deodorants containing neomycin have proven 100 per cent effective in controlling underarm odor, according to a clinical report in the JAMA (Dec. 31, 1955).

To spotlight a crusade by the American Cancer Society, 412 "executive type" men were examined recently in New York City. Results showed only sixty-eight in "perfect health"; 256 had serious or potentially serious ailments, including five with "probable" skin cancer and forty-eight with precancerous conditions.

An autopsy performed on an elephant, and reported in the Archives of Pathology (Mar., 1956), showed the animal had died of acute heart failure resulting from a severe case of arteriosclerosis.

Periodic x-ray films of harelip and cleft palate conditions can be taken from a fixed position by a stereocephalostat, a device developed at Northwestern University, Chicago, for comparative study of the patient's progress. The films' accuracy shows when bone growth warrants surgery.

SCIENCE SHORTS



Treating overindulgences of food, drink, or tobacco by diet or deprivation may be ineffective, according to Dr. Leo H. Bartemeier, a Baltimore psychiatrist, who urges treatment of emotional causes.

Pointing to an apparent increase in diabetes among children, Dr. Gilbert B. Forbes of Rochester University, in an article in *GP*, advises that treatment begin in the hospital, where the child can best be taught the importance of strict diet observance and insulin injections, which almost all juvenile diabetics need.

Doctors and dentists should cooperate in treating pyorrhea, says the JAMA (Mar. 24, 1956), since this major cause of tooth loss can be due to systemic conditions as well as to local irritations.

Much of the controversy about boric acid seems "ridiculous" to Dr. Russell S. Fisher, writing in *Today's Health* (Mar., 1956). B-rated baby powders are and always have been completely safe, says Dr. Fisher who, nevertheless, warns that full-strength boric acid should never be applied to infants' skin.

WATER BALANCE

by Morton J. Rodman

SUMMER's soaring temperatures make us more keenly aware of our dependence upon water as an essential to human life. Yet despite the central role it has always played in keeping us well and comfortable, our knowledge of the ways in which the body handles water has, until recently, been surprisingly meager.

As a result of intensive wartime research, scientists have gained a great deal of new knowledge about why we need water and what happens when we get too little of it. These studies, conducted in laboratories of the armed services, employed the most modern techniques and equipment. Men were exposed to extremes of environmental stress, such as the ones encountered by those cast adrift at sea or forced to fight in steaming tropical jungles and on baking desert plains. Much that was revealed may help all of us to beat the heat and to stay in water balance.

One new technique for tracing the movement of water through the

body utilizes "heavy water." This liquid looks exactly like tap water, but the different density of the deuterium (heavy hydrogen) it contains makes it easy to spot with the spectroscope. Thus, it is now possible to follow the "footprints" of a drink of water as it is distributed through the body.

Water accounts for about two-thirds of our body weight. Most of it is contained within the cells themselves, which are essentially tiny droplets in which the stuff of life is suspended in the form of scattered granules. The cells are bathed in a sea of dilute salt solution which transports nutrients from the blood plasma to the tissues and shunts the waste products of cellular metabolism into the blood stream for removal by the excretory organs.

With "water, water everywhere" within our bodies, it is little wonder that we have many complex compensatory mechanisms designed to conserve fluid and maintain its composition constant. Since even



slight shifts in the volume and distribution of body water can cause trouble, these defenses promptly counteract any condition that could cause an excessive loss of water and desiccation of body cells.

One of the commonest causes of cellular dehydration is heat stress; and one of water's most critical functions is its role in the body's built-in cooling system. In high heat, evaporation of water from the skin and mucous membranes becomes the sole means of removing heat from the body. While much heat may thus be lost, the body's water reservoirs may be drained dry in the process.

Studies during World War II showed that sweat could be lost at the fantastic rate of a gallon an hour when men marched over hot desert trails. Even sitting still in

the shade, we can easily sweat out a couple of pints of fluid on a hot day; for, even without working, we generate heat as a by-product of the chemical reactions by which food is burned. Ordinarily, such heat is dissipated via the skin.

But when the outside temperature rises to about that of the body, such physical factors as radiation, conduction, and convection go into reverse, and the body actually gains more heat from the atmosphere than it gives up. The body's fire-fighting sweat glands then draw huge quantities of fluid from the blood and tissues and pump it onto the skin. As long as this water and the salt that goes with it are replaced, the body can get rid of enormous amounts of heat and may be able to maintain nearly normal temperatures for long periods. But if sweating is allowed to lag (through failure to replace the salt-and-water loss), or if evaporation is prevented because the atmosphere is already saturated with moisture, body temperature may soar. Sweat that just drips from the skin without evaporating fails to cool, resulting in a useless loss of precious body water and salt. This accounts for the acute discomfort we feel on a day that is both hot and humid.

Wasting water and salt in a futile effort to overcome a combination of high heat and humidity can cause several syndromes, including heat exhaustion, heat stroke, and heat cramps.

In heat exhaustion, the symp-

toms stem mainly from a failing peripheral circulation. Fluid is lost from the blood to such an extent that the blood pressure begins to fall. This leads to an extra effort on the part of the heart, which increases its rate in an attempt to meet the tissues' needs for blood. Such exertion often results in heart attacks or acute circulatory failure in cardiovascular patients and older people who unwisely try to work instead of relaxing in a cool, shady spot. Less serious signs of heat prostration include lack of appetite, gastrointestinal upsets, fatigue, headache, dizziness, difficulty in muscular movements, and emotional instability. All of these symptoms may be readily relieved by drinking enough water to replace the loss.

Since sweat is a weak saline liquid, it is also important to restore the lost salt. Drinking plain water will return the blood volume to normal but will not adequately replace the fluid lost from the extracellular reservoir. Due to the disturbed osmotic equilibrium, too much of the ingested water forces its way into the cells. Tissues waterlogged by such excessive hydration fail to function normally. Severe muscle spasms, fatigue, and a dulling of mental faculties result.

Oddly enough, most cases of "water intoxication" now occur in hospital wards where careless administration of parenteral fluids often causes a state of sodium depletion. It is important to remember, in replacing extracellular fluid

lost by nausea, vomiting, diarrhea, and sweating, to give a saline solution as well as water and glucose. Routine administration of extra salt to miners, boiler-room stokers, and others who have to do heavy work in a hot atmosphere, has practically eliminated "miners' cramps."

Heat exhaustion and heat cramps, rarely serious in healthy people, may be rapidly relieved by oral or intravenous administration of dilute saline fluids. Heat stroke, however, is a much more serious matter and poses a threat to life.

In this syndrome, extreme dehydration may damage cells in the body's hypothalamic thermostat. As a result, sweating ceases, blood is not shunted from the body's warm interior to the cooler surface, and the victim's temperature rises explosively. In heat stroke, the mere replacement of lost salt and water will not help much. Presumably, prolonged heat produces irreversible changes in the protoplasm of certain vital tissues. Some scientists think that high heat draws water from these cells and cooks their protein in a manner similar to the coagulation that occurs in the white of an egg when it is boiled. Another theory is that calcium ions, released into the cellular cytoplasm by heat-induced changes in the cell membrane, cause clotting of the fluid mass and death of the cell.

In any case, treatment of heat hyperpyrexia requires strong measures. Water is useful here, too—not merely to replace the loss, but

as a means of rapidly removing heat from the tissues. Immersing the patient in a tub of ice water, or irrigating his stomach and colon repeatedly with ice water, may eventually reduce his temperature below the danger zone. Despite such heroic treatment, the mortality in heat stroke runs as high as 50 per cent. Survivors often suffer permanent damage to the central nervous system, and some remain so susceptible to heat that any exposure to high temperature is extremely dangerous.

Recent evidence offered by Swedish scientists suggests that the hypothalamus, site of so many of the

body's regulatory centers, contains cells that signal the onset of relative dehydration. These cells, called "osmoreceptors" because they are sensitive to slight changes in the osmotic pressure of the blood, send out nerve impulses that can cause both an increase in water intake as well as a decrease in water elimination.

When the body loses as little as 1 per cent of its water, these cells shrink slightly. The slight increase in osmotic pressure stimulates the osmoreceptors to send out nerve impulses that pass to the posterior pituitary gland and to the higher centers of the brain, where they

PROBIE



"THAT'S MINE!"

are there interpreted as thirst.

While salivary flow is usually reduced in states of dehydration, a dry mouth does not necessarily indicate a body water deficit. Eating an anchovy or a chocolate may make us feel thirsty, even after we have had plenty of water to drink. Conversely, thirst may be a poor guide to the actual degree of dehydration in excessive sweating. Apparently, thirst sensations are not always strong enough to make us replace lost fluid.

Desert studies have shown that men drink only about half their water-replacement needs during outdoor activity in the heat. This may be due to distention of the stomach, resulting in an uncomfortable feeling of fullness or nausea. In any case, it is important to maintain the water content of the body. This may best be done by forcing fluids after eating and resting. Water intake can be increased by icing, flavoring, or sweetening the fluid.

Small amounts of sugar may also be beneficial in another way to men forced to get along on low water rations: The water released by the oxidation of carbohydrates in food may help to conserve the body's water supply when potable water is unavailable. Ingestion of protein, on the other hand, may be harmful, because the kidney has to excrete too much water in ridding itself of nitrogenous by-products of protein metabolism. Shipwrecked sailors have survived without fresh water by drinking juice

squeezed from fish, but eating the fish could deplete the body's scanty water supplies.

Similarly, the reason a castaway can't quench his thirst with sea water is that the kidneys, in getting rid of the extra salts, lose more water than the thirsty sailor has ingested. For every ounce of sea water a man drinks, he has to excrete nearly two ounces of urine to eliminate the excess salt he has taken in. While it may be safe to drink sea water when at least an equal amount of fresh water is available for diluting it, the U.S. Navy still sternly warns its men: "Never drink sea water."

While water may be lost to the body by way of the kidneys, secretion of urine is markedly reduced in states of dehydration. This is due in part to the diminished flow of blood to the kidneys, which results in a reduction of fluid filtered through the glomeruli. More important, the kidney tubules, which reabsorb all but about three pints of the nearly 200 quarts filtered daily, work even more efficiently to pull the precious water back into the blood stream when dehydration necessitates saving of water.

This is brought about by the release of a posterior pituitary hormone. Secretion of this "anti-diuretic" hormone is believed to be increased by a rise in the osmotic pressure of the body fluids, which stimulates the same osmoreceptors that are concerned with the "thirst reflex." In this case, however, impulses from these sense organs pass

to the pituitary, leading to release of the water-conserving hormone. Failure of the pituitary to produce enough of this hormone can cause the excretion of enormous quantities of urine (more than 20 quarts a day in some cases), and an insatiable thirst. This condition, *diabetes insipidus*, is believed to be the result of tumors and other lesions of the hypothalamus which reduce ADH production and the reabsorptive capacity of the renal tubules.

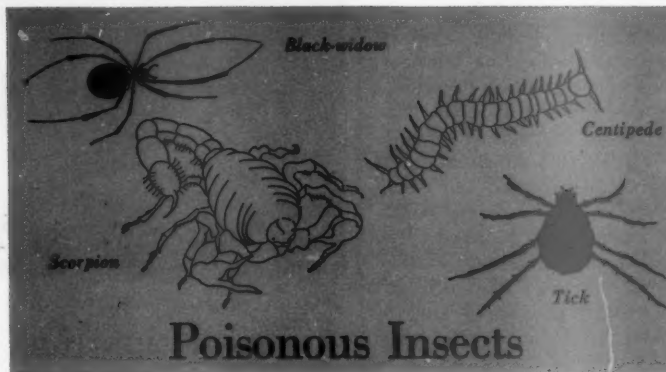
Other hormones may also act directly or indirectly to influence the volume and composition of body fluids. For example, a reduction in adrenal cortex steroids, such as occurs in Addison's disease, keeps the kidney tubules from reabsorbing adequate amounts of sodium salts and water. The effect of such salt-and-water loss can lead to quick disaster unless measures are taken promptly to correct the electrolyte/water imbalance. In *diabetes mellitus*, lack of insulin prevents proper utilization of glucose; excess sugar is removed by the kidneys, carrying with it large quantities of body water. This accounts for the thirst symptom in diabetics.

Obviously, the way our bodies handle water is vitally important, not only in hot weather, when water keeps our personal cooling system going, but all year round. For water regulation is one of the body's most important means of maintaining homeostasis, the ever constant internal environment upon which our survival depends.



PATIENTS' MONITOR

AMONG other electronic devices developed recently for hospital use is a closed-circuit television system which enables a nurse to monitor her patients' rooms directly from the nurses' station. At regular intervals, the image on the TV screen rotates, flashing from room to room. A special switch permits the viewer to hold each image as long as she wishes. Two-way conversation between nurse and patient is provided by a microphone-speaker hook-up. In the patient's room, a camera (which can be concealed if need be) acts as an "electronic eye," scanning the patient and his immediate surroundings, and transmitting what it "sees" to the monitor-scope in the nurse's station. When privacy is desired, the patient can switch off both video and audio features. The device, known as a Visicall monitor, was developed by Sperti Faraday, Inc., Adrian, Michigan.



Poisonous Insects

TALL tales about the black widow spider and other poisonous insects, invariably more alarming than informative, may cause us to forget that the hazard these creatures present can be greatly minimized by (1) factual knowledge about them, (2) proper preventive measures, and (3) intelligent treatment of their venomous bites.

Black Widow Spiders

The *Latrodectus mactans*, found throughout the U.S., is more common in the South than elsewhere. The shiny black globular body of the female is one-half inch long, with a characteristic red hourglass marking on the underside of the abdomen. (The harmless male is much smaller.)

The black widow spins her tough, patternless web in hollow stumps, stone walls, wood piles, dark attics, basements, and barns, as well as under steps and porches, and especially under the seats of outdoor toilets. Men are her most frequent

victims—about two-thirds of the bites being on the genitals, buttocks, and thighs.

Contrary to general belief, her bite is not usually fatal; there is only a five per cent mortality rate among her victims, with small children, the aged, and the debilitated constituting most of the fatalities. Normally shy and retiring, the black widow doesn't usually bite a human unless she is molested in her web or finds herself trapped. She can't be trusted, however, for she also bites when hungry.

Her venom, injected through two fangs in the mandible, is a neurotoxin which causes an ascending motor paralysis and destroys the peripheral nerve endings. The bite feels like a sharp pin prick. The initial pain quickly disappears; but within thirty minutes, local muscular cramps radiating from the bite cause excruciating pain which spreads to the limbs and other musculature. The abdomen becomes rigid, the back



by Helen R. Mayne

may become opisthotonoid. Nausea, vomiting, feeble pulse, dyspnea, labored speech, stupor, and delirium may ensue. Convulsions are likely to occur in small children, and even in adults if enough venom has been introduced.

Local treatment of the wound is ineffective, although application of an ice pack while the patient is on the way to the hospital may slow down absorption of the poison. Slow intravenous injection of calcium gluconate (10 cc. of a 10 per cent solution) will usually give immediate relief; but in severe cases curare may be necessary to relieve muscle spasm. *Latrodectus mactans* antivenin (2.5 cc.) should be given immediately to inactivate the circulating venom. Supportive measures, such as administration of intravenous fluids, sedation, and prolonged warm baths, may be necessary. Symptoms usually subside in a day or two, but residual muscular weakness and numbness may linger for several weeks. Re-

peated injections of calcium gluconate eventually abolish these after-effects.

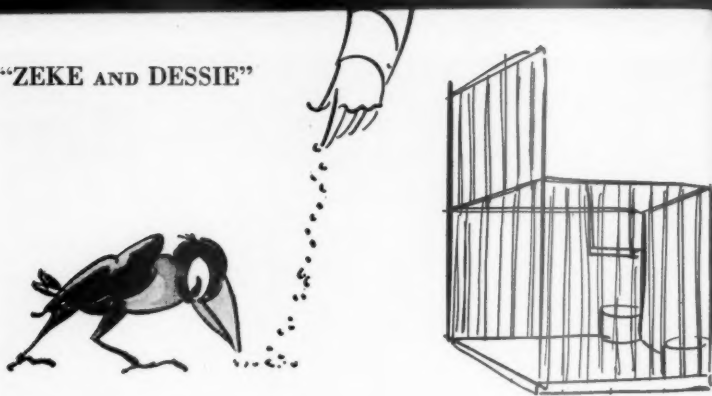
The black widow victim needs constant reassurance that he will recover. Much of his pain is induced by fear of death; hence, clearing up his misconceptions about the spider's bite can allay that fear.

Black widows can be eradicated by searching them out, killing them, and destroying their egg sacs. Insecticide sprays containing 2 per cent chlordane or 0.5 per cent lindane applied to their hiding places gives effective control for several weeks. (Caution, of course, should be observed—for insecticides themselves can be dangerous.)

Scorpions

There are about thirty species of scorpion in the U.S., ranging from one-half inch to seven inches in length. Most of them are non-killers, though all can inflict a painful sting. Only two varieties, found

"ZEKE AND DESSIE"



in southern Arizona, are known to have a poisonous venom which will produce severe systemic effects and death in man. The severity of the symptoms depends upon the age and health of the individual, with children under age 4 most likely to succumb from a single sting.

The scorpion can be identified by its long tail-like abdomen, which has a curved stinger at its tip end. The creature has eight legs, plus a pair of crab-like claws, or pincers, in front. The deadly species are about two inches long, straw-colored, and very slender (the non-deadly varieties are chunkier-looking). Their nocturnal wanderings often take them indoors, where they get into shoes, bureau drawers, closets, etc. Outdoors, they may be found in holes, under stones or loose boards, and in similar places.

The venom of the poisonous species contains cardiac toxins, neuro-

toxins, and agglutinins. Local symptoms are severe pain, weakness and numbness of the affected limb, and lymphadenitis and lymphangitis proximal to the wound. Systemic symptoms are characterized by muscle twitchings, convulsions, and labored respirations. Death may result from exhaustion, especially in small children. Adults usually recover.

Immediate first aid—cessation of activity, application of ice-cold compresses to the wound, and keeping the affected part lower than the rest of the body—should be supplemented by prompt medical treatment. Administration of scorpion antivenin (5 to 10 cc. of natural serum, or 3 cc. of concentrated serum) is often indicated, especially in children. (Specific antivenin for Arizona's two death-dealers is available from the Poisonous Animals Research Laboratory, Arizona State College, Tempe,

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Ariz.) Infiltration of the wound with a 2 per cent procaine-epinephrine solution will relieve pain; supportive measures similar to those for black widow bite will keep the patient comfortable. Morphine is contraindicated because of its depressive effect; barbiturates and bromides are helpful sedatives.

A residual spray of DDT, applied to infested areas in the spring and repeated at six-week intervals until winter, offers good control of scorpions.

Centipedes

Although the giant desert centipede is probably the most dangerous of its many-membered species, its bite is not considered lethal. This centipede is six to eight inches long, has forty-two legs, and can inflict a painful wound with its large jaws. Like others of its kind, it is found under boards and in cracks, crevices, and basements.

The toxin is a crytolysin which causes local inflammation, edema, erythema, and (sometimes) purpura of the affected limb. In most cases, local symptoms vanish in four to five hours, though swelling and tenderness may persist for several weeks. Healing is delayed by infection and suppuration.

Treatment consists of cool wet dressings of magnesium sulfate solution, with phenobarbital and morphine for sedation and relief of pain. Prompt application of an antiseptic may ward off secondary infection.

Ticks

Three species of wood tick have venom capable of producing hyperemia and hemorrhage, especially of the central nervous system. If they attach themselves to areas at the base of the skull or over the spinal cord, they may cause "tick paralysis," an ascending motor paralysis which

may be fatal. These blood-suckers are also vectors of Rocky Mountain spotted fever and tularemia.

The Rocky Mountain tick infests the western part of the country; the dog tick is found in all areas except the Rocky Mountain region; and the lone star tick is common in the southern coastal states and the Mississippi valley. All live in wooded areas, staying on vegetation until they can attach themselves to an animal host. On the skin of the latter, they engorge their bodies with blood for five to sixteen days, then drop off. The adult ticks are oval-shaped and liberally spotted or streaked. Unfed, they are about three-sixteenths of an inch long, but may reach one-half inch when fully engorged.

Removal of the tick will alleviate most symptoms. This is best done by applying oil to the insect's body (to interfere with its respiration), then gently pulling it away from the attachment site. Care must be taken not to leave the tick's head imbedded in the skin. Severe cases require supportive therapy. The site may remain red and indurated for several weeks.

Ticks may be controlled by sprays of DDT, chlordane, or lindane. Impregnation of clothing with Indalone affords protection for those moving about in tick-infested areas.

Tarantulas

Folklore has given the tarantula—a large, hairy bird-spider of the Southwest—a worse reputation

than it deserves. It is *supposed* to pursue people and inflict painful bites that result in agonizing death; *actually*, it is too near-sighted to follow anyone; and although it can inflict a painful bite, it rarely attacks humans. After-effects of its bite indicate bacterial infection rather than poison. Treatment with iodine or a similar antiseptic is recommended.

Wasps, Hornets, etc.

Such stinging insects as ants, wasps, hornets, yellow jackets, and honeybees inflict painful bites that are not usually serious unless one is extremely sensitive to their venom. Yet multiple stings, coming all at once, can be dangerous. Applications of household ammonia and ice will usually allay pain and itching. If the stinger (especially that of the honeybee) is left in the wound, it should be carefully scraped out. Intense pain may be controlled by infiltrating the skin with a 2 per cent procaine solution. Prompt medical attention is indicated for those showing symptoms of urticaria, dyspnea, etc.

Honeybee venom seems to produce the greatest proportion of sensitivity; a number of deaths have been attributed to a single bee sting. Bee-venom extract is available for the overly sensitive.

A good attitude toward poisonous insects might well be: "Don't believe everything you hear about them, but don't disregard the things you really know about them."

The Stoke Mandeville "Paralympics"

by Ruth P. Rubinstein

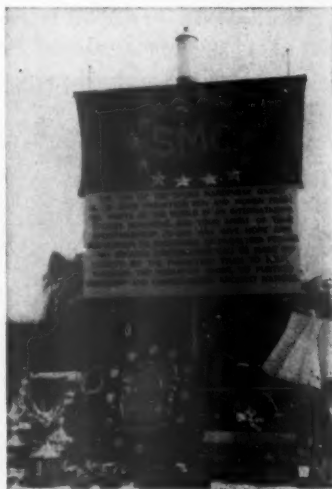
RELATIVELY few of the countless Americans currently interested in the forthcoming Olympic Games have heard of the Olympiad-like program staged annually at an English hospital; yet this unique athletic competition has a far-reaching significance—particularly to all in the health field—for it reflects one phase of the remarkable progress being made in rehabilitating the severely handicapped.

Known colloquially as the "Paralympics," the Stoke Mandeville Games—to which eighteen countries now send participants—rival the Olympiad itself in the excitement they stir up among contestants and their audience. Indeed, in only one respect does this international meet differ basically from the quadrennial Olympics: those who take part are all paraplegics—victims of spinal injuries that have paralyzed their lower limbs. Thus all competition—swimming excepted—is carried on by wheel chair occupants.

This fact becomes all the more astounding when one examines the

list of events; they include, in addition to the water sports, archery, javelin throwing, dart shooting, fencing, basketball, table tennis, and "snooker" (a form of billiards). Both in spirit and skill the contestants come well prepared, and many are true champions in every sense of the word. Last year, no less than 280 paraplegics participated in the two-day program. In archery alone—an ancient sport which even the healthiest of moderns find strenuous—twenty-eight teams (112 individual contestants) battled for top honors; and most all of these archers entered several other events as well. In fact, few paraplegics who come to the games limit themselves to a single sport.

Sponsor of the Paralympics, which first took place in 1948, is the National Spinal Injuries Cen-



ter, a unit of the Stoke Mandeville Hospital at Aylesbury in Buckinghamshire. Founded in 1944 by Dr. Ludwig Guttmann, neurologist and neurosurgeon, the center places special emphasis on the therapeutic value of sports in the physical-psychological readjustment of the permanently disabled; and under the direction of Dr. Guttmann, who is thoroughly familiar with the problems of the paraplegic, a dynamic and successful program has been developed.

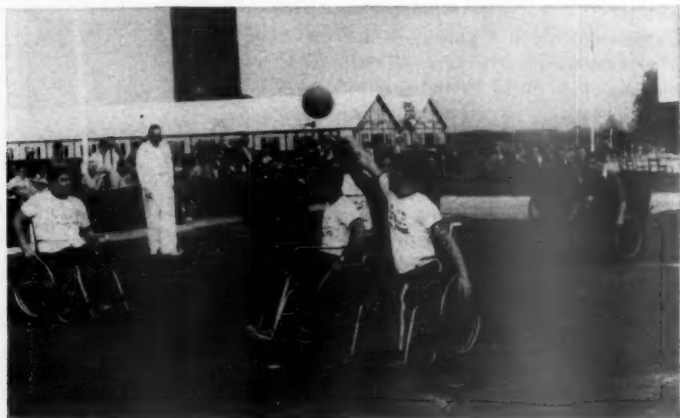
From a humble one-bed beginning, the center has grown to a 156-bed unit, with five wards for male patients and two for women and children. The patients are all paraplegics—about 75 per cent of them accident victims and the remainder suffering from the effects of transverse myelitis, polio, and other paralyzing diseases.

Medical care is provided by the center's five physicians; and its

relatively large nursing staff includes seven head nurses and fifty-five specially trained nurses and aides. Physiotherapists, occupational therapists, and pre-vocational counselors provide further rehabilitation services.

The center supplements its inpatient care with numerous research activities. It also maintains an outpatient department, where periodic check-ups are given its previously hospitalized paraplegics now living at home. Too, it has been instrumental in having specially designed "paraplegic villages" built to house those of its patients whose former homes would not be suitable for wheel chair occupants. Groups of paraplegics live and work together in these villages. (Members of one such group, living in a London home, all work in neighboring factories.)

The complete treatment program carried out at the center is specially



planned to cover the three major stages of paraplegia—the initial traumatic stage, the psychological readjustment period, and the final one of pre-vocational rehabilitation. In each of these stages, the role of the nurse is important.

The Stoke Mandeville authorities place great emphasis on the initiation of treatment as soon as possible after the injury; hence, British subjects in places as far away as Korea are often flown home by special planes, so that treatment at the center can begin immediately.

Initial treatment of a traumatic case may be either surgical or conservative. The center, however, believes that a closed spinal injury responds better to conservative measures, with surgery reserved for open injuries as well as special complications.

In paraplegia, the two major considerations are care of the fractured spine and precautions con-

cerning the urinary tract. Immediately after the preliminary examinations and team conference, the patient is immobilized, and treatment of the spine is placed in the hands of a professional nurse who works under the close supervision of an M.D.

Standard practice is as follows: The patient is placed on sorbo packs, with two or three pillows under the fracture. This produces maximum hypertension of the spine and helps to restore its normal curvature. To prevent decubiti and urinary tract infection, the patient is turned every two hours, day and night—the procedure being, first from the basic supine position to one side, then back to supine, and finally to the other side. While on his side, he is kept immobilized with pillows and sand bags. This regime is continued for three to four months.

The turning procedure is carried

Photos: Ruth P. Rubinstein



out by three or four aides under the supervision of a professional nurse who is familiar with all details of the case and fully aware of her responsibility.

Urinary infection and stasis easily occur in immobilized paraplegics, causing strictures and stones. Such complications must be avoided, lest they limit the patient's ability to resume a normal life. The center believes that there should be no instrument interference with the urinary tract for at least twenty-four hours after the injury. If, after that length of time, the patient is still unable to pass urine voluntarily, he is catheterized every six to eight hours. Special emphasis is placed on aseptic technique.

The procedure calls for the use of a small Foley catheter (No. 16F), with intermittent catheterization at first to allow the urethral mucosa to become accustomed gradually to the instrument and thus avoid the danger of a fistula. After fourteen days, an indwelling catheter may be inserted. In such cases, the catheter is changed every other day for the first week, and two or three times weekly thereafter. This regime has been highly satisfactory with the vast majority admitted to the center shortly after their accidents.

Throughout the initial treatment period, the nurse's work is supplemented by both physio- and occupational therapy. The physiotherapist comes in regularly to exercise the patient, thus keeping his muscles and joints limber and active.

The occupational therapist's job is to keep the paraplegic so busy that he has little time to brood over his accident. Games, reading, writing, painting, sewing, and leathercraft all help to accomplish this.

As the patient progresses to the readjustment period, and later starts pre-vocational training, the role of the nurse seems—surface-wise, at least—to become subordinate to that of these other team members. The patient is so busy developing his upper muscles, exercising his lower ones, learning to do old things in new ways, practicing for the Paralympics, and training for a paying occupation that his actual nursing care seems minor and routine. In truth, however, this is not so. The nurse must still be constantly on the watch for complications. Also, she must pursue the long and troublesome job of properly training the patient to take care of his own toilet habits effectively—for he cannot leave the hospital until he can handle his bowel and bladder problems.

In addition, the nurse plays an all-important role in the psychological readjustment of the patient during the later stages of his treatment. Try as one may to keep his mind constantly occupied, he is still subject to periods of discouragement and depression; and in such periods he may even become violent. By acting as a friend, the nurse is often able to sense when such moods are coming on, and either to prevent them or keep them mild and short.

NEWS At its annual convention, the National Association for Practical Nurse Education, taking up the matter of the controversial Bolton bill, passed a resolution "supporting the belief that cooperative action by qualified citizen groups, as set forth in H.J. Res. 485, is desirable in the solution of the health problems of the country." Another resolution, designed to counteract the advertising of substandard schools in the practical nurse field, called for an intensive drive by NAPNE members to inform the public about approved schools.

NEWS A new hospital-surgical insurance policy, on which premium payments cease at age 65 while modified benefits continue for as long as the insured lives, has been introduced by the Metropolitan Life Insurance Company. Issued to persons from 18 to 55, it is said to be the first contract of its kind ever offered by an insurance carrier.

NEWS Parent-teacher groups in San Francisco have launched a letter-writing campaign demanding that city officials provide more public health nurses in the schools.

NEWS Recently organized: The Western Regional Council of State Leagues for Nursing. Represented in the council are the SLN's of eleven states: Washington, Oregon, California, Montana,

NEWS CAPSULES

Wyoming, Nevada, New Mexico, Colorado, Utah, Arizona, and Idaho. Announced aims include improvement of patient care, educational standards, and in-service training, as well as the fostering of closer cooperation between nurses and other groups concerned with health and welfare. Mrs. Evelyn Burke, president of the Washington State League, has been named president of the Council.

NEWS Pay boosts were approved recently for 170 employees (mainly nurses) in Philadelphia's health department. Starting pay of 103 R.N.'s in Classification 1 was jumped from \$3,400 to \$4,108 a year, with annual raises to bring fifth year pay to \$4,710. Other starting levels were upped \$220 to \$571 a year—the latter boost going to thirty nurse trainees.

NEWS The Medical College of Georgia, Augusta, to which the state university's school of nursing at Athens was recently transferred, is now offering a four-year college-level course in addition to the transferred diploma program. The new course leads to a B.S. in nursing. At Atlanta, Ga.,

the Georgia Baptist Hospital School of Nursing has affiliated with Tift College at Forsyth to enable students who wish to continue their studies to obtain a B.S. degree.

NEWS A new law, enacted recently in New York State, makes thirty scholarships available for advanced study in nursing education and administration, with recipients entitled to \$750 each for one year of graduate work. Enactment climaxed a five-year legislative campaign by the state nurses' association. In Pennsylvania, legislation providing for the permissive licensure of practical nurses has also been enacted into law.

NEWS Ten recent promotions to the rank of lieutenant colonel brought the number of army nurses now serving in that grade to fifty-seven. Among those recently upped in rank were Maj. Margaret Harper and Maj. Mildred I. Clark.

NEWS Army Nurse Corps has announced a plan whereby female student nurses of proven ability who have successfully completed their second year in a three- or four-year accredited nursing program, may continue their education (for a period not exceeding twenty-four months) as members of the Women's Army Corps (Reserve) with active duty status. During this period they will receive pay and allowances in excess of \$200 per month. The offer is con-

tingent upon acceptance, after graduation, of a commission as a second lieutenant in the ANC Reserve, and obligates the officer to serve on active duty for twenty-four to thirty-six months.

NEWS Something new has been added to the curricula in New York's state hospital schools of nursing: clinical training in the care of mentally retarded patients.

NEWS American Journal of Nursing Company has announced the availability of special grants to organizations for research projects to advance "the science and art of professional nursing or otherwise promote the public welfare." For full information write the AJN, 2 Park Avenue, New York 16, N.Y.

NEWS Leon Gintzigh has been named chief of nursing service at the Lexington (Ky.) VA Hospital ... Mrs. Florence Cunningham is the new nurse consultant of the National Society for the Prevention of Blindness ... Capts. Marcia M. Lessard and Sadye T. Travers, ANC, were graduated magna cum laude, and Maj. Virginia Wickensheimer, ANC, was graduated with distinction, by the University of Minnesota, where all three recently completed army-sponsored nursing courses ... National Foundation for Infantile Paralysis has appointed Edith A. Aynes coordinator of information for its professional education program. As
[Continued on page 78]



The Day Life of a Night Nurse

by Lydia Jackson Merritt

WE nurses are quite a lot like the oldtime fire horses. I don't mean we're that hefty; nor do I wish to imply that we go charging down the street when a fire siren sounds. But something happens to us when, after being away from nursing for a long time, we suddenly catch a whiff of ether while visiting a friend in the hospital: we're seized with an overwhelming desire to put on a uniform and answer the next signal light.

That isn't exactly what happened in my case. A loathing for housework and a love for nursing had long made me eager to get back to work. So, after more than a decade of professional inactivity (I was plenty active otherwise, raising a family), I finally took the plunge. Private Duty nights—11 P.M. to 7 A.M.—seemed to fit my schedule best.

Dire misgivings immediately beset me. My chief fear was that Walter, my husband, who sleeps like the

proverbial log, would neither hear nor be able to care for the children should they wake up screaming in the night.

I needn't have felt so indispensable. I soon found out (and it put a nice dent in my ego) that he could handle them better than I.

My vanity was further rebuffed when I noticed that the children, during the early evening hours, preferred their daddy's companionship to mine. Daytimes, they accepted me as a playmate; but come nightfall they ignored me completely. I longed to wipe the smirk off Walter's face as he reveled in their affection. I even hoped that the day would come when I should have to call him home from work to make them behave. (It never has—darn it!)

For some peculiar reason which I can't quite fathom, patients generally seem to think that a night nurse should do nothing but snooze during her sixteen hours off duty. The

truth of the matter is that many a nightshifter—including myself—can get along nicely with as little as five hours of shut-eye. I, furthermore, can sleep as well by day as by night; ordinary noises don't bother me at all.

Off duty at 7 A.M., I am presently transformed from nurse into housewife and mother. After the children are bundled off to school and my shopping is done, I plan the day's routine with my wonderful maid, Mary. I then retire, leaving instructions to be waked only in a dire emergency.

That term, however, has never been clearly defined; the children seem to think that anything they want to tell me constitutes a "dire emergency."

About noon, five-year-old Kenneith, my youngest, comes bounding in from kindergarten. Racing past Mary, she bursts into my room, waving a crayon drawing over my prone form. "Guess what I drew," she commands.

Usually I'm saved by Mary, who comes rushing in to tell Kenneith that "You shouldn't bother your mother this-a-way." Mary—who can neither read nor write—never guesses wrong on one of these works of art; be it elephant or mouse, she can name it pronto. It's uncanny.

Around 3 P.M., I have the uneasy feeling that I'm surrounded by staring eyes. I am—as I find on opening my own. There stands Joan, my nine-year-old, together with a flock of her classmates of both sexes. Frantically I grab at the sheet, not

knowing how much of me is over exposed.

Joan, it seems, wants to know if she may go over to Nancy's house.

"Gee, Joan, your mother sure sleeps late," says a voice as they troop out. "Yeah," replies Joan. It never occurs to her to tell her friends that I sleep in the daytime because I work at night.

A few minutes later, in swoops Marilyn, my pre-teenager, with her gang. Among them is a gawky-looking girl whose face is literally covered with a fine red rash.

"Ann wants to know if she's got the measles," says Marilyn, pushing the afflicted Ann almost into bed with me.

"If she hasn't," I find myself saying, "she's got a reasonable facsimile. Get her out of here, quick. Kenneith hasn't had 'em."

They leave, and I doze off once more. But soon the record-player in the living room is blaring "Hearts of Stone," and my oldest daughter and her teen-age pals are bebopping all over the place. In other words, it's time for me to get up. Luckily, I've had my quota of sleep for the day.

Finishing touches for dinner are easy because of advance preparation. I have, you see, a system for running the house smoothly. The only trouble is that something always happens to blow the system sky high. For example, one day I couldn't remember, come dinner time, where Joan had gone. To some friend's house, no doubt. But whose? It was getting dark outside



"Gee, Joan, your mother sure sleeps late."

—but not nearly so dark as my husband's disapproving scowls. As I went to the phone to try a few likely numbers, Joan came down the stairs. She had been in her room, studying!

There were many things I hated to give up when I went back to work. Morning coffee with friends, for example (which usually lasted all day), and an occasional afternoon bridge game. Conversely, I was more than happy to rid myself of the habit of wasting valuable time chattering on the phone. Friends and neighbors still call me; but Mary is a veritable watchdog in seeing to it that I am not annoyed unnecessarily. No woman caller stands a chance of getting through to me. Yet she never hesitates to wake me if the voice on the other end is a man's. Nine times out of ten it's a salesman trying to sell me something I don't need—insurance, roofing, or a hearing aid.

Due to the fact that I'm at home all day, it's hard for my friends to realize that I can't be as active as I used to be in community goings-on. Hence, I'm still asked to bake a pie for the Halloween carnival, give a health talk to the Junior Hi girls, teach first aid to the Girl Scouts, and so on. I gladly do what I can—so long as it doesn't interfere with my sleep schedule.

I always try especially to comply with requests from teachers. Our house happens to be directly across the street from the elementary school. The requests I get from the teachers there range all the way from a clean pair of panties to—incredible as it may seem—a human eye. The latter request came recently when one of the teachers thought her class, which happened to be studying the structure of the eye, might be helped by seeing a model.

After pulling every string at my

[Continued on page 76]

Patients you have known



THE CHRONIC COMPLAINER

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R.N.—a journal for nurses

COMMENTARY

[Continued from page 44]

tion on this motion indicated that the Board—in the event that its members choose not to go along with the expression of the House of Delegates—might sit more relaxed on a keg of TNT than on this particular recommendation.

Prejudiced Procedures

Personal comments from both the Chair and the parliamentarian left nothing to the delegates' imagination as to ANA hostility toward what it considered an unpopular idea. (Examples: (1) When a well-known Pittsburgh educator spoke in favor of the Bolton bill, the Chair retorted, "I have been challenged." (2) When a Wisconsin delegate questioned the right of a non-delegate—Dr. McManus—to address the House, the parliamentarian confirmed that right, but added the facetious (?) remark, "She has given us a threat; now it is up to her to find a way to get that threat through.") How objective is a parliamentarian who, even in jest, obviously leans so far away from center?

ANA—The Authoritarian

This commentary is not directed at ANA, the scapegoat, but at ANA, the authoritarian—which gives lip service to the democratic process and then tries to ride roughshod over individuals who offer ideas that ANA doesn't approve of. Good ideas can survive the squeeze of or-

ganizational machinations, but individuals are not so resilient.

Nursing still has innumerable problems, and their complexity is stimulating many minds in the search for sound solutions. Certainly, ANA's officers and Board members have not been raised to positions of intellectual and professional omniscience just by virtue of their election to office.

The profession can ill afford an isolation policy at this time—and it can *never* afford a swelled head. The prestige of nursing has been built by its several hundred thousand practitioners—not by organizational ability to influence legislation (as was intimated by an ANA spokesman at a convention section meeting).

In Part—Not in Whole

If those in office were at all sensitive to the delegates' mood, they must have been gratified by the delegate support of ANA's opposition to the Bolton bill; but there was ample evidence that the delegates did not support in their entirety the reasons upon which the ANA based its stand. Nurses, generally, do not believe that the association can go it alone—nor that broader studies would duplicate those already made. But they are fundamentally in agreement on not wanting a government-controlled study.

Observations

Out of this convention, R.N. acquired two distinct ideas—which

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we pass along for whatever they are worth:

(1) Although the House of Delegates' sessions are of utmost importance for the on-going policies of the association, they invariably seem to rate a low-interest score among non-delegates. When, for example, changes in the bylaws are next on the agenda, the thunder of exiting feet could drown out an air-raid siren. We suggest, therefore, the scheduling of a few concurrent programs for those non-delegates who can take or leave the business sessions—and who usually leave them. (Only the local merchants would suffer.)

(2) In any group using the delegate system, there appears to be a better chance of plumbing the real thinking on an issue if a period of time is allowed to elapse between the floor discussion and the taking of a vote. The vote taken immediately after debate often fails to reflect the true feelings of the House. This convention's post-mortem discussions again proved that a night's sleep, away from the scene of action, can give delegates a different perspective on yesterday's vote.

Two amendments to the bylaws subsequently provoked questions at business sessions as to the wisdom of the amendments. One—the elimination of proxy voting—posed an economic problem for territorial nurses' associations, and was viewed by some as having undemocratic (taxation-without-representation) aspects. The other concerned the restriction of a Board member's

consecutive service to a maximum of eight years; how many delegates were aware that their action had—for example—made the incumbent ANA president ineligible for Board membership when her present term expires?

Delayed reaction, or the insight of hindsight, might explain the delegates' belated concern over these two amendments; but who can explain this kind of thinking?:

Enigma

Delegate from Mississippi: "Inasmuch as I believe that Mrs. McManus' remarks would be of great interest at home, I should like to move that these remarks . . . be published in the *American Journal of Nursing*."

Her motion was put to a vote, and—according to the parliamentarian—was defeated. But from where the R.N. staff sat (in a box above the delegates' section), the decision did not appear warranted without an actual count.

Two non-pertinent motions followed. Then a New York delegate asked the Chair if, in voting down the Mississippian's motion, the delegates were saying, in effect, "We do not wish to hear both sides of the question."

Later, a Pennsylvania delegate asked for a count on that particular vote, and it was refused by the ANA parliamentarian.

Many of us left this last business session of the House of Delegates with a bad taste in our mouths.

—ALICE R. CLARKE, EDITOR



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THEMES

[Continued from page 42]

conquer" it. The participating thought, energy, and effort of every member is necessary.

¶ Over the years, nursing has acquired its own body of knowledge. Independent nursing functions are increasing—and it is in this area that nursing is assuming more and more responsibility.

¶ Nursing today is strong. Both as a profession and as an organized group, it can have an impact on public opinion. This is the main reason for predicting that it will have a larger role in health care.

1 1 1

“Addressing the Educational Administrators, Consultants, and Teachers Section, Dr. John H. Rohrer, director of the Urban Life Research Institute at Tulane University, New Orleans, reviewed and documented the much-discussed changes that modern concepts of patient care have made in the character of bedside nursing. These changes, he said, have created problems “related to the central core of values which nurses hold,” and have resulted in considerable controversy among nursing educators and others in the profession concerning “bedside care vs. performance of technical duties.”

Contending that the professional nurse has “become a hub in a complex machinery rather than being the whole wheel,” but that she still is responsible for the correct per-

formance of all nursing duties, Dr. Rohrer said that nursing educators must resolve the conflict between the traditional concept of bedside care and the actual role which the student must assume when she becomes a graduate nurse.

In outlining three alternatives, the speaker observed that the first—continuing to maintain the traditional concept—would follow “the path of maximum conflict and personal frustration,” since it would broaden the gap between what students are taught and what they actually encounter in practice.

A second alternative, he said, would be to substitute “a new conception based upon the nurse as teacher, administrator, and specialist.” This would involve “changing the psychological satisfaction for the nurse from that of doing a good job of bedside nursing to other potential sources of satisfaction—such as higher salaries, social recognition, social prestige, power gratification, and the like.”

Under this second alternative, it would still be necessary, Dr. Rohrer explained, to teach the routines connected with bedside care—but mainly for the purpose of making the nurse a better supervisor. He noted, however, that the profession would find it difficult to accept the training of students for supervisory roles. “Indeed, there is evidence,” he said, “that the current professional nurse does not want to become a supervisor.”

A third alternative, which Dr. Rohrer described as “an attempt to

translate traditional values into a more modern guise," would put increased emphasis on the psychological and social factors of total care, and omit the menial duties once connected with it. But this plan, he said, "leaves unstructured the problem of training for supervisory functions of the nursing team by the professional nurse."

1 1 1

"Speaking at a panel discussion on in-service education, Norman W. Bell, research sociologist at Children's Medical Center, Boston, expressed the belief that people are human beings and deserve to be treated as such. "My guiding star," he said, "is that man is the measure of all things."

1 1 1

"Discussing "Growth as Related to Building Emotional Health," Dr. Ivan C. Berlien, chairman of the department of psychoanalytical medicine at Wayne University, Detroit, told a joint meeting of ANA sections that parents "must antici-

pate the child's present needs and give him time to consolidate his gains instead of pushing him, telling him what to do next." The humanization process we give children is, he said, "totally our idea—not the child's. All of us are born primitive."

Advocating restraint rather than punishment, and soothing but firm discipline, Dr. Berlien declared that children need—in addition to parental love—to be made aware of the boundary lines within which they must stay or pay the penalty. They actually prefer to be reprimanded for their wrong doings, he maintained, for a reprimand enables a youngster to "clean the slate and start over again."

1 1 1

"Addressing the same group, Dr. Gardner Murphy, research director of the Menninger Foundation, Topeka, Kans., discussed "Growth Through Personal Progress and Development, Including Retirement Years." In growing old, he said, one may actually gain strength of

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various kinds, as well as perspective and satisfaction. Social perspectives, developed as a part of one's professional personality, can be carried into the retirement years as creative assets, he declared.

1 1 1

“Speaking before the School Nurses Conference Group of the Public Health Nurses Section, Gertrude Cromwell, supervisor of school nursing in Denver, Colo., criticized an apparent lack of “welfare” in public school planning of educational programs. The school nurse, she maintained, must find her place between the two key factors that influence the child—the teacher and the home.

The school nurse, Miss Cromwell said, should be familiar with current educational policies, should mingle informally with teachers, and give added emphasis to the formal teacher-nurse health conference. The helpful information which the nurse gains about children through home visits and reports from physicians and com-

munity agencies should be shared with the teacher, Miss Cromwell added.

To be successful, the school nurse needs a well-directed sense of curiosity, imagination, patience, and both an understanding of and interest in children, according to the Denver supervisor.

1 1 1

“In a talk on “Meeting Disaster,” Dr. Harold C. Lueth, an Evanston (Ill.) physician and chairman of the American Medical Association's committee on civil defense, emphasized the nurse's role in the wide-scale planning which communities and hospitals must undertake to provide for the handling of mass casualties in the event of either enemy action or a local catastrophe. Such plans, he said, must be based on the principle of providing the best possible care for the greatest number of victims.

Comparing disaster planning to the situation which Florence Nightingale faced “in the midst of chaos and confusion” at Scutari, Dr.

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Lueth said that many physicians feel that the same spirit which characterized her actions still reposes in the nursing profession. "We welcome and need your help in our common problem," Dr. Lueth added.

• • •

“Addressing the House of Delegates in an unscheduled speech, Dr. R. Louise McManus, Director, Division of Nursing Education, Teachers College, Columbia University, suggested an alternate proposal to the Bolton bill. Describing her recommendation as a positive approach, she prefaced her statements by saying, "Many nurses have indicated their deep concern over the persistent problem of patients and public in securing adequate nursing care, as well as their frustration over their inability to meet patients' needs."

Dr. McManus stated that many nurses are aware that these problems are only in small part nursing; that they are bound up with those in education, medicine, hospital administration, economics, and engineering; and that nursing will need the assistance of experts in these fields and in the social sciences in working toward a solution.

Reporting on a Washington meeting held last March and attended by representatives of the ANA and allied professions, Dr. McManus told the House that there was agreement upon the urgency for a comprehensive, multidisciplinary or interprofessional study of the prob-

lems of the patient and the public in securing adequate nursing service. Moreover, she indicated, there was also agreement that an attack upon these problems should not be limited to nursing, but should include a study of the major medical as well as hospital administrative problems.

Each representative, at that time, according to Dr. McManus, expressed his organization's willingness to cooperate in the development of a plan for an independent, non-governmental commission to study the problems, but felt that nurses should take the leadership in initiating such a study.

Congresswoman Bolton's desire to cooperate in this plan was expressed in a letter to the presidents of all participating organizations, including the ANA, which Dr. McManus read to the House of Delegates. The letter also emphasized the need for public representation on whatever commission is eventually appointed.

Both Congresswoman Bolton and Dr. McManus recommended that the Mental Health Study Act of 1955, which provides a federal grant for an independent and non-governmental commission on mental health and illness, would be a practical pattern to consider. However, Dr. McManus was careful to point out that her suggestion to the House was limited to the idea of getting a plan under way, with no intent to request or suggest a particular method of financing or a particular legislative sponsor.



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THE DAY LIFE

[Continued from page 65]

command, I finally obtained the loan of an eye (preserved in formaldehyde) from the medical school. I had to sign for it and assume all responsibility for its safe return. (Human eyes, I learned, are very valuable—even when they're no longer used for seeing.) The teacher, however, showed no surprise when I delivered it. "Oh, yes," she said in a matter-of-fact way, "you got the eye. Good. Just put it on the desk, and thanks very much."

By great good luck, nothing happened to the jar; I returned it intact, and the technician laughed when I told her of my fears. "It wasn't really that serious," she

explained. "Eyes used for corneal transplants are expensive, but the one we loaned you was damaged. It isn't worth but a few hundred dollars." (Whew!)

Like most mothers of young children, I used to go into a dither every time one of mine had a sniffle, cough, or pain. Going back to work has changed all that. In the hospital, I see real illness, suffering, and sorrow. In the face of these, my own problems have dwindled to their proper perspective.

When I first resumed work, some of my friends frankly wondered how I could hope to hold my husband. My answer is: the fact that we have less time together makes each of us more anxious to please the other.

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*Gardner, H. L., and Dukes, C. D.: *Am. J. Obst. & Gynec.* 69:962 (May) 1955.

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NEWS

[Continued from page 62]

an ANC major, she retired recently from the Army after twenty-two years of military service . . . *Mrs. Elsie Farrington Crim*, 52, a beloved leader of Florida nurses, died suddenly on April 4 in Miami . . . *Emily C. Cardew*, acting director of the University of Illinois School of Nursing, Chicago, has been named dean—a post set up to help identify the college-level status of the school . . . *Mrs. Ethel G. Prince*, executive secretary of the Nurses Association of the Counties of Long Island (N.Y.) was honored recently with the presentation of a scroll marking her twentieth anniversary as the group's first professional director . . . *Lavinia L. Dock*, 98, whose history of nursing has been a standard nursing textbook, and whose fame both as settlement worker and suffragist was nationwide, died recently at the Chambersburg (Pa.) Hospital . . . *Maude M. Woodard* of Kokomo, Ind., received the 1956 award of the Tri-State Hospital Assembly for outstanding service in the hospital field.

NEWS "Visit Vision," a closed-circuit television system, enables hospitalized patients to see and talk to persons who, for one reason or another, are not allowed to enter a patient's room. First installation of the system was made recently at Morristown (N.J.) Memorial Hospital, where children under 14 and persons with colds

and coughs may now visit via TV from a phone booth on the clinic floor.

NEWS American Nurses Foundation, Inc., New York, has announced a grant of \$19,500 to Boston University for a study of socio-psychological factors related to the nurse's role in outpatient care.

NEWS Under consideration by the New York City Nursing Home Association is a plan whereby its members would pool their resources for the employment of experts whose services the individual home is now unable to afford.

NEWS Congressional legislation, requested in May by the Pentagon, would give nurse-officers and medical specialists (therapists, dietitians, etc.) greater opportunities for advancement in the armed forces, liberalize the services' rules pertaining to retirement, and otherwise make a career in these military categories more attractive. Among other things, it would permit qualified Reserve nurses to enter the Regular Army or Regular Air Force as captains; would enable bedside nurses to attain the rank of major in the Army and Air Force and that of lieutenant commander in the Navy; and would establish permanent ratings for five ANC colonels in the Regular Army. The proposed legislation reportedly has White House approval.

july, 1956

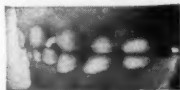
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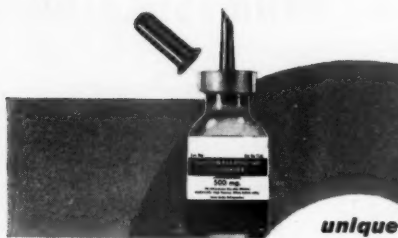
RN-7

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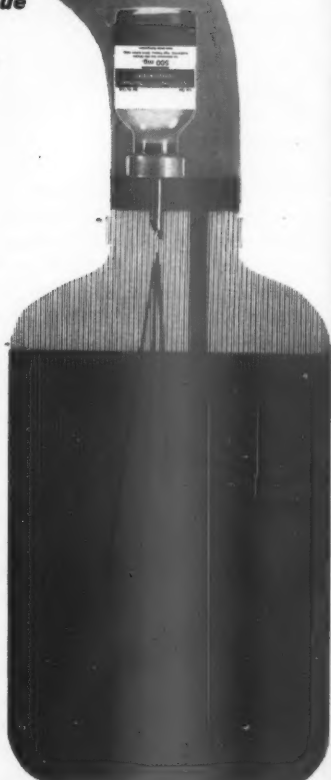
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ADMINISTRATOR: For small community hospital, 14 beds, qualifications registered nurse with some business and personnel management experience, age over 30, salary \$300 to \$350 with laundry, room and board at hospital. Also would like a general duty nurse for same location with salary of \$270 to \$290 with laundry, room and board, 40 hr wk and 2wks vacation with pay, sick leave, time and a half for overtime. If interested call or write Mr. Bob Hinshaw, Chairman of Board of Directors or Mrs. Evelyn Wilson, Supt. Hospital telephone MI 6-5281. Fowler Community Hospital, Fowler, Kans.

ANESTHETISTS: A.A.N.A. member. 250 bed general hospital, salary open, automatic increases, laundry provided, 40 hr. week, no obstetrics, liberal vacation and personnel policies. Social Security. Sutter Hospital, Sacramento, Calif.

ANESTHETISTS: (a) 70 bed hosp opens August, scenic resort area, S.W. To \$6600. (b) Small hosp, expansion plans to 80, btfl lake region, So. \$500 plus 1/2 night fees. (c) Staff, Pacific Island hosp, American Naval Station, ideal climate. (d) New modern 50 bed hosp, latest equipment, wealthy rural area, M.W. \$7200. (e) Two, well established 40 man clinic, exceptional opportunity. Min. \$500. M.W. RN7-2 Burniece Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ASST DIRECTOR OF NURSING SERVICE: For modern general hospital of 184 beds. Experience and degree preferred. Liberal personnel policies with other liberal employee benefits. Increments twice yearly. 8 hr day, 40 hr wk. Apply to Director of Nurses, William McKinley Memorial Hospital, Trenton, N.J.

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CLINICAL INSTRUCTOR: Formal and clinical teaching of pediatric nursing. 56 bed pediatric unit including premature nursery. 500 bed general hospital. School of Nursing with enrollment of 100, fully N.L.N. accredited. B.S. Degree and/or advanced preparation desirable. Salary based on preparation and experience. Liberal personnel policies. Apply Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 12, N.J.

CLINICAL INSTRUCTOR: Medical and surgical nursing, fully accredited school attached to 400 bed general hospital 25 mins. from Times Square. Staff or head nurse experience, B.S. preferred. Liberal personnel policies. Ap-

POSITIONS



ply Personnel Director, The Brooklyn Hospital, 121 DeKalb Ave., Brooklyn 1, N.Y.

CLINICAL INSTRUCTOR IN OBSTETRICS: Fully accredited School of Nursing with student body of 175. Degree in Nursing Education not required, but work toward degree is essential. Some teaching or supervisory experience required. Position available July 1st. Apply Director of Nursing, The Toledo Hospital, 6, Ohio.

CLINICAL INSTRUCTORS (2) MEDICAL & SURGICAL NURSING: Fully accredited School of Nursing with student body of 175. Degree in Nursing Education and experience desired. Positions available immediately. Apply Director of Nursing, The Toledo Hospital, Toledo 6, Ohio.

DENVER COLORADO JOB OPPORTUNITIES: Staff nurses for 417 bed general hospital with school of nursing. Full or part time. Choice of working 5 or 5 1/2 day week. Going salary for Rocky Mountain Region, bonus for evening and night duty. Paid sick leave, vacations and holidays. Social Security benefits. Some housing available or we will assist you in finding living accommodations. Excellent opportunity for study at Denver University. Denver's climate is unsurpassed the year around. Opportunities for sports and entertainment are many. If interested wire collect for additional information or write Director of Nursing Service, St. Luke's Hospital, 601 East 19th Ave., Denver 3, Colo.

DIRECTOR OF NURSES: Also Night Supervisor, two Head Nurses. Attractive positions. All-graduate staff. Salaries open. 140 bed general hospital, residential area. Beautiful Nurses' Residence. Apply Fort Hamilton Hospital, Hamilton, Ohio.

DIRECTORS OF NURSING: (a) Dir. of Nursing Service, outstanding 350 bed univ. hosp, faculty status, full complement of nurses, ideal West Coast location. \$6600. (b) Dir. Service & Educ, 250 bed gen hosp. well organized staff, 100 students, accred. school, near leading ocean city. Min. \$6000, mtce. (c) Principal, School of Nursing, 225 bed renowned hosp, school of 125, colleg. affil. Pacific NW. Min. \$6000, penthouse apt. (d) Dir. Service, responsible in-service program, modern Alaska city. To \$7800. (e) Dir. of Nurses, 50 bed hosp. expansion plans, exc. opport. N.Y. \$5000. RN7-3 Burniece Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTOR OF NURSING: 500 bed hospital. Salary \$503 to \$629 per mo depending on qualifications. 40 hr wk, 3 wks vacation, paid holidays and sick leave, retirement. Prefer M.A. in Nursing Administration and re-

sponsible administrative experience. Contact Fresno County Civil Service Office, Room 101, Hall of Records, Fresno, Calif.

DIRECTOR OF NURSING: Service and education, experienced, general hospital, 125 beds, 45 students, near Adirondack Mountains. Apply D. J. Thomas, Executive Director, Nathan Littauer Hospital, Gloversville, N.Y.

FACULTY POSTS: (a) Educ. Dir. School of 250, college affil, 600 bed hosp. NW, start \$7200. (b) Two Med-Surg. Instructors, one supv. field exp. grad. students, one teach in Collegiate Basic Program, reputable univ. school, East. \$500 mo, academic year. (c) Nursing School Instructor, Pacific Island, American Naval Station, scenic beaches, exceptional recreational facilities, \$4800, transportation. (d) N.A. Ped, OB, OR, CI. Instructors, 250 bed reputable hosp, NYC area. To \$4900. RN7-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY: 40 hr wk, 84 bed hospital, finest equipment, very liberal personnel policies and pleasant working environment. Must be willing to rotate shifts. Salary range \$277 to \$360 monthly. Atomic Energy Project but not Civil Service. Write Director of Nursing Service, Los Alamos Medical Center, Los Alamos, N.M.

GENERAL DUTY & OPERATING ROOM NURSES: 210 bed teaching hospital located 35 mi from NYC. Salary \$250 per mo with regular increments. 40 hr wk, \$20 extra for 3-11, \$15 extra 11-7 am. OR nurses \$10 extra per mo. Liberal personnel policies including 3 wks va-

cation, 12 days sick leave, Social Security. Pleasant living facilities provided if desired. Write or apply Director of Nursing, White Plains Hospital, White Plains, N.Y.

GENERAL DUTY & OPERATING ROOM NURSES: Wanted immediately for 150 bed hosp. 40 hr wk with liberal personnel policies. Nurses Home available at reasonable rates. All-graduate nursing staff. Apply Dir. of Nurses, Morrell Memorial Hospital, Lakeland, Fla.

GENERAL DUTY NURSES: For 34 bed hospital near Yellowstone Park. Liberal personnel policies, 40 hr wk, salary \$260, additional \$10 for evening and night duty. Write Director of Nurses, St. Johns Hospital, Jackson, Wyo.

GENERAL DUTY NURSES: For 165 bed general hospital, Southern Michigan community of about 60,000. Starting salary \$310 per mo for 5½ day wk, \$282 per mo for 5 day wk, bonus for evening and night work, free laundering of uniforms, 5 regular increases during first 5 yrs, 2 longevity increases thereafter, 2 wks vacation and 6 holidays, accumulative sick leave, Social Security. Contact Director of Nursing, W. A. Foote Memorial Hospital, Jackson, Mich.

GENERAL DUTY NURSES: For 188 bed new hospital, Westchester, 45 minutes from New York City. All services, all tours of duty. Bonus for afternoon and night duty. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: For Medical-Surgical floors. Rotating shift to nights once

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in 5 mos. Bonus of .75 for each night. Salary \$300 per mo, increment after 6 mos. 5 day wk. Write Director of Nurses, Evangelical Hospital, 5421 S. Morgan St., Chicago 9, Ill.

GENERAL DUTY NURSES: 120 bed hospital, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk. Starting salary \$280 with a charge of \$23 for full maintenance. Additional \$10 per mo. for evening and night duty with regular increases. Surgical Nurses starting salary \$290 plus \$5 per call after 5 p.m. Nurses' Home recently redecorated and refurbished. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary \$300 a month, bonus of \$30 for evenings and \$20 for nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Director of Nursing Service, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: Wanted immediately for 44 bed general hospital located in Northeastern Ohio. Openings in all services. Salary depending on experience and ability, bonus for 3-11 and 11-7, 2 wks vacation after 1 yr employment, 7 legal holidays. Apply Director of nurses, Lodi Hospital, Lodi, Ohio.

GENERAL DUTY NURSES: Needed for staff position in crippled children's orthopedic hospital. Salary \$245 per mo plus complete maintenance or \$319.50 without maintenance, 15 days vacation, 15 days sick leave, 5 day work week.

Contact Director of Nurses, Carrie Tingley Hospital for Crippled Children, Truth or Consequences, N.M.

GENERAL DUTY NURSES: For 76 bed general hospital in university town. Prevailing salaries paid. Full maintenance available. Redlands Community Hospital, Redlands, Calif.

GENERAL DUTY NURSES: For 135 bed general hospital. Organized medical staff, high quality services, pleasant surroundings, comfortable living conditions in nurses home, excellent personnel policies. Apply Director of Nursing, John D. Archbold Memorial Hospital, Thomasville, Ga.

GENERAL DUTY NURSES: 50 bed approved hospital located in mountainous portion of Colo. College town. Salary \$275, 40 hr wk, sick leave, vacation bonus. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: 40 hr wk, 2 wks vacation after 1 yr, sick leave, 7 holidays, 40 bed hosp located 30 mi from Minneapolis. Waconia Community Hospital, Waconia, Minn.

GENERAL DUTY NURSES: 65 bed general hospital in thriving Winnemucca, Nev. 40 hr wk, 6 holidays, 2 weeks vacation, 12 sick days per yr. Starting salary \$275 per mo with meals on duty and uniform laundry. Additional \$10 per mo for evening and night duty. Apply to Miss Marie Drury, R.N., Supt., Humboldt General Hospital, Winnemucca, Nev.

GENERAL DUTY NURSES—AT MEDICAL CENTER: Start \$260 for 40 hr wk, increases after 6 mos and 1 yr, overtime premium pay, 2

GRADUATE NURSES FOR GENERAL DUTY

Men and Women

Age limit for entrance: under 45 years

Enjoy advantages of the City and the recreational cultural activities in the Chicago Area.

Live in suburban area. Transportation from hospital to the Chicago Loop.

Activities available at the Hospital—bowling, golf, tennis, gymnasium, movies. A Social Committee plans parties and dances.

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Opportunities for experience in the following clinical areas: Medical, Surgical, Tuberculosis, Psychiatry and Neurology.

Write: Chief, Nursing Service

Veterans Administration Hospital, Hines, Illinois

wks paid vacation, 6 pd holidays, sick leave, free medical services, Social Security. We pay hospital insurance, life insurance, retirement annuity. Apply Personnel Director, Rochester Methodist Hospital, Rochester, Minn.

GENERAL DUTY STAFF NURSE: New and modernized 300 bed general hospital offers top salaries and opportunities to advance. Evenings \$76.80-\$89.60 per wk, nights \$73.60-\$86.10, days \$64.00-\$75.60. Openings in Medical, Surgical, Obstetrics, Pediatrics, Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. Apply Director of Nursing, Stamford Hospital, Stamford, Conn.

GENERAL DUTY AND SURGICAL NURSES: For 271 bed general hospital in residential suburb of Chicago. 40 hr wk. Cash salary and live in: \$235 day duty, \$245 pm duty, \$250 night duty, plus private room in new nurses' residence, 3 meals per day and free laundry of uniforms. Cash salary and live out: \$275 day duty, \$285 pm duty, \$290 night duty plus 1 meal and free laundry of uniforms. \$15 differential for surgical nurses. Low rental apartments available for married nurses. Planned service increases for nurses: \$10 after 60 days and at regular intervals. Many other benefits. Write Personnel Director, MacNeal Memorial Hospital, Berwyn, Ill.

GENERAL STAFF NURSES: For 60 bed hospital, very well equipped and modern, located in northern Florida. Good personnel policies, increase in salary every 6 mos, holidays with pay, sick leave with pay and paid vacation. Apply Directress of Nurses, Catherine M. Hurst, R.N., Suwannee County Hospital, Live Oak, Fla.

GENERAL STAFF NURSES: For 200 bed general hospital. Openings in Ped, O.B. & Med.-Surg. Minimum starting salary \$255. 40 hr work wk, special consideration given for experience and qualifications. Merit increases at 6 mo, 12 mo and annually thereafter. Evening and night duty differential \$10. Good personnel policies. Rooms available \$20 per mo. Write Dir. of Nursing Service, Memorial Hospital, Casper, Wyo.

GENERAL STAFF NURSES: Opportunity to learn Nursing Team leadership in 400 bed general hospital. Beginning salary \$295 per mo, eve and night duty \$325. Salary increases after 6 mos, 2 yrs and 3 yrs. Liberal personnel policies, comfortable residence at moderate cost. Good transportation to colleges, Universities and shopping centers. Address: Director Nursing Service, Mount Sinai Hospital, 2750 West 15th St., Chicago 8, Ill.

GENERAL STAFF NURSES: For all depts. 7am-3pm, 3-11pm, 11pm-7am shifts. Suburban hospital, 20 mi from N.Y.C., 40 hr 5 day wk. Salary \$240 per mo. \$15 bonus for 3-11pm and 11pm-7am. Meal on duty, laundry of uniforms. Excellent personnel policies. Apply Director of Nursing Service, Overlook Hospital, Summit, N.J.

GENERAL STAFF NURSES: This is a friendly place to work in preferred dept. of 200 bed JCAH general hospital with an active building program. Liberal personnel policies include 40 hr wk, retirement plan, paid hospitalization insurance premium, accumulative 30 day sick leave, 2 wks vacation, 6 holi-

days annually, meals at cost, rooms at \$20 per mo, 40 mins. from Detroit. Initial salary evenings \$336.80-\$371.47, nights \$322.80-\$357.47, days \$306.80-\$341.47. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

GENERAL STAFF NURSES: 270 bed general hospital and 72 bed maternity hospital. Starting salary \$305 a month. \$5 month tenure increase for each 6 mos to maximum of \$335. \$25 additional for afternoon and night. \$25 additional for surgery. Liberal paid annual vacation, 7 paid holidays, 8 hr day and 40 hr wk, Social Security and employer-paid health and life insurance program. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GRADUATE NURSES: General duty for college infirmery (35 beds) in Hanover, N.H. Starting salary \$225 increases to \$265, shift differential of \$20 for evenings and \$15 for nights. 40 hr wk, 10 mos. Sept. 1 to July 1 including 3 wks vacation. Additional advantages: in progressive and interesting community offering recreational and cultural opportunities. Write to Dartmouth College Health Service, Hanover, N.H.

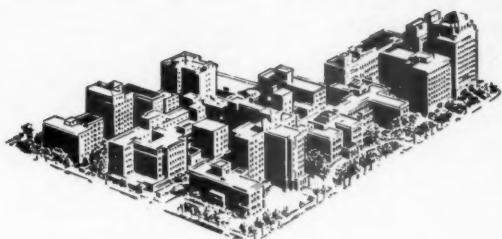
GRADUATE NURSES: For medical and surgical services, modern 263 bed mid-Manhattan hospital. 5 day, 40 hr wk. Starting salary \$291, eves. \$330, nights \$320. Uniform laundry, 2 meals per tour. 4 annual increases, 4 wks vacation, 12 holidays, sick leave 12 days per yr. cumulative. Soc. Sec., health service, free hospitalization. Opportunities for special assignments, research nursing bonuses and post-grad. study. Housing agent available. Apply Supt. of Nurses, James Ewing Hospital, 1250 First Ave., New York 21, N.Y.

GRADUATE NURSES: Positions for those who either have or are willing to obtain Colorado registry. Floor duty, rotating shifts, uniform laundry and meals furnished, 2 weeks paid vacation and 7 days sick leave per year. 35 bed hospital in a growing community. Southwest Memorial Hospital, Cortez, Colo.

GRADUATE NURSES: \$3700 per year, meals and laundry, 40 hr wk, 3 wks vacation, 15 days sick time and 12 holidays. Civil service benefits. Inquire Director of Nursing, Martland Medical Center, 116 Fairmount Ave., Newark 7, N.J., or phone Mitchell 3-8800, Ext. 143.

GRADUATE NURSES: For general duty, 75 bed general hospital, new, air-conditioned with modern equipment. Beginning salary \$250 a mo with differential for evening and night duty and operating room nursing. Good personnel policies. 5 day, 40 hr wk, vacation, pd sick leave, holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, Sanford, Fla.

GRADUATE NURSES: Immediate employment in the expanding institutional program of the State of Kansas. Openings in training schools for mentally retarded children and in tuberculosis and psychiatric hospitals ranging in size from 350 to 1700 beds. Beginning salaries range from \$267 to \$415 per mo. Can advance to \$530 per mo in supervisory capacity. Maintenance is usually available at a nominal fee. Must be eligible for registration in Kansas. Contact Miss Carmelita F. Craven, Nursing



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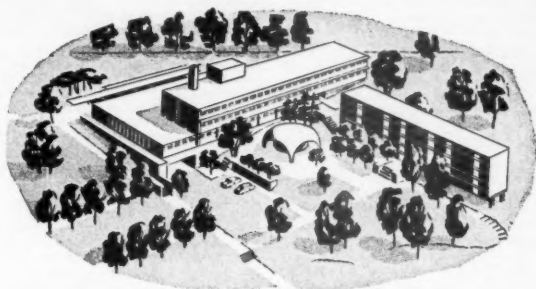
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INDUSTRIAL OFFICE: (a) Courier nurses, stewardesses, air, rail, East, South, West, Overseas. (b) Clinic Nurse, modern, air-conditioned bldg., top salary for capable person, wealthy oil area near Mexico border. RN7-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

INSTRUCTOR—MEDICAL & SURGICAL NURSING: Degree required, immediate opening. Salary dependent upon preparation and experience. Admit only one class a year. 90 students in the School. Excellent personnel policies including 40 hr wk, all cash salary. Social Security and retirement plan. Apply Director of Nursing, Mercer Hospital, Trenton, N.J.

KENTUCKY JOB OPPORTUNITIES: Staff nurses for 78 bed hospital, provisionally approved by J.C.A.H. 5½ day wk, opening for all rotating shifts, particularly need applicants for Director of Nurses and Operating Room Supervisor. Bonus for evening and night duty, sick leave, vacation, holidays, Social Security benefits, opportunities for sports and entertainment, one of the most scenic areas of south eastern United States. If interested write E. L. Crozier, Administrator, Somerset City Hospital, Somerset, Ky., giving training and working experience in first letter.

MEN NURSES: Work in the largest privately owned hospital for men and boys in the U.S. Excellent opportunity to attend nearby universities for undergraduate or advanced education. Stipend given for courses taken. Rooms in the modern nurses residence, swimming pool and gym available. Liberal per-



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Excitement has been running high since it became known that 10 new hospitals were being built in the coal fields. These hospitals ARE different—in structure, in design—and most important, in organization. Everybody in the Memorial Hospitals is part of a new, dynamic medical care team. Opportunities of major significance are waiting for nurses who become part of that team. Monthly salaries for team leaders begin at \$405 for a forty-hour week. Shift differentials, salary increases and a no-expense retirement plan are just some of the benefits provided.



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sonnel policies. Apply Director, Nursing Service, Alexian Brothers Hospital, 1200 Belden Ave., Chicago 14, Ill.

NEW YORK UNIVERSITY MEDICAL CENTER: Offers graduate nurses full time work in all services at its University Hospital (formerly N.Y. Post Graduate Hospital) at a starting salary of \$290 mo. Planned increments starting after 6 mos of service, \$40 and \$20 premiums for eve and night duty. 4 wks vacation, pd holidays, liberal personnel benefits including a Free Tuition Plan at NYU which gives excellent opportunities to earn your degree or take special advanced courses while you are earning your living. Apply Personnel Dept., 550 First Ave., New York 16, N.Y.

NURSE SUPERVISOR: For T.B. Unit composed of 50 to 60 Navajo Indian Children. Interest in pediatrics essential and experience desired. interest in T.B. patients desired. Starting salary \$290 per mo increasing to \$320 per mo with \$5 per mo increase each 6 mos. Work week of 40 hrs, day shift, no rotation. Vacation benefits providing for 2 wks vacation after 1 yrs service increasing to 4 wks after 5 yrs of service. 6 pd holidays, sick leave, Social Security coverage and a hospital financed retirement plan. Room in Nurses Residence and board available at \$43 per mo. Hospital will pay transportation expenses to Albuquerque and return in exchange for 1 yr employment contract. Write or 'phone collect to Director of Nursing, Presbyterian Hospital Center, Albuquerque, N.M. Phone 3-5611.

NURSES: All shifts. 44 bed general hospital. top salary & working conditions. Surgery, gen. duty and O.B. Mrs. Johnson, Monte Sano Hospital, 2834 Glendale, Los Angeles Calif.

NURSES: Modern 200 bed, fully accredited hosp. in beautiful Cumberland Valley college town, has openings in General Duty (Medical and Surgery), Operating Room, Pediatrics, Maternity and Nursery. Friendly, informal atmosphere. 40 hr wk, 7 pd. holidays. Free hospitalization, Social Security, 2 wks vacation after 1 yr, other benefits. Apply Dorothy D. Bollinger, R.N., Director of Nursing, Chambersburg Hospital, Chambersburg, Pa.

NURSES: Openings for staff and ass't head nurses in medical, surgical and pediatric units in new University of Oregon Medical School Hospital, Portland, Oregon. Opportunities on campus for furthering education in nursing. Write to Director of Nursing Service for full information.

NURSES: General hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

NURSES: Clinical Instructors for Obstetrics, Medical and Surgical Nursing, Pediatrics, and General Duty Nurses. Apply Director of Nurses, St. Mary's Hospital, West Palm Beach, Fla.

NURSES: Vacancies in all depts in new hospital located in same city with the large Warren Air Force Base. Come to "Wonderful Wyoming" to enjoy hunting, fishing, beautiful mountain trips to the Tetons, Yellowstone National Park and Rocky Mountains. Salary

commensurate with background, minimum \$265 to \$300 per mo, 40 hr wk. Write to Director of Nursing, DePaul Hospital, Cheyenne, Wyo.

NURSES: Nursing Arts Instructor, \$400, and Registered Nurses, \$310 monthly. Retirement plan, sick leave benefits, 11 holidays, 3 wks vacation, 40 hr wk. New modern residence. State eligibility for California registration. Submit photograph to Director of Nurses, Tulare-Kings Counties Hospitals, Springville, Calif.

NURSES: General Duty Nurses \$250 to \$305. Immediate openings for all shifts. Operating Room Nurses \$280 with additional pay for call. 165 bed general ACS approved hospital. 40 hr wk, board and room at nominal cost. Apply to Director, Nursing Service, Memorial Hospital, Cheyenne, Wyo.

NURSES: General duty, for 88 bed general hosp fully approved by Joint Commission. Excellent working conditions, liberal personnel policy. Enjoy a summer vacation at the "world's most beautiful beaches" or permanent living at year around resort area. Contact Director of Nurses, Memorial Hospital, Panama City, Fla.

NURSES: General Duty, for 30 bed hospital 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N. Y.

NURSES—OR: For Plastic Surgery. Unusual opportunity. Salary open. Air conditioned unit. Fully accredited non-sectarian hospital. Director Nurses, St. Barnabas Hospital, 685 High St., Newark, N.J.

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OPERATING ROOM NURSES: 87 bed hospital. 40 hr wk. Experience required. Apply Supt. Monterey Hospital, Ltd., Monterey, Calif. Phone 5-5161.

OPERATING ROOM NURSES: 350 bed general hospital near University, 20 mi from Gulf Beaches. Salary \$239 to \$261 mo to start, plus laundering of uniforms. 40 hr wk. Florida registration required. Apply Director of Nursing Service, Tampa Municipal Hospital, Tampa 6, Fla.

OPERATING ROOM NURSES—AT MEDICAL CENTER: Start \$270 for 40 hr wk, increases at 6 mos, 1 yr and 2 yrs, overtime premium pay, paid vacation, 6 paid holidays, sick leave, free medical services, Social Security. We pay hospitalization insurance, life insurance, retirement annuity. Apply Personnel Director, Rochester Methodist Hospital, Rochester, Minn.

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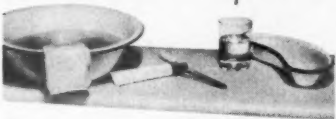
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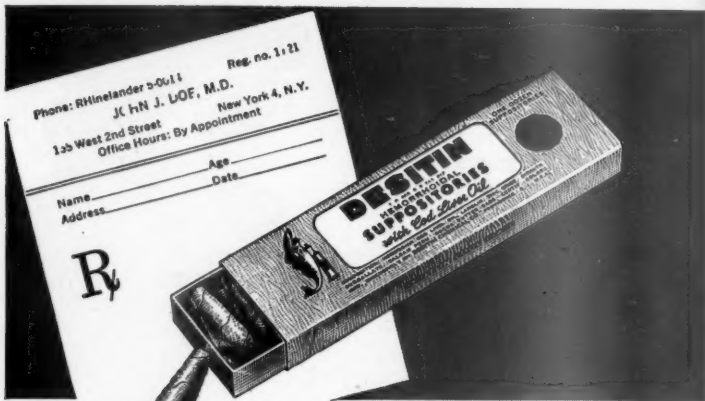
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Answers to your questions
about PERIHEMIN* and PRONEMIA*
Hematinics Lederle

PERIHEMIN is an effective hematinic that contains every known blood-building ingredient, including Intrinsic Factor Concentrate.

It is indicated for the treatment and maintenance of 9 out of 10 treatable anemias.

It is available in three forms: PERIHEMIN Capsules, PERIHEMIN JR Capsules (a fourth-potency formula for children), and PERIHEMIN Liquid.

PRONEMIA is the most potent of all oral hematinics.

It contains therapeutic amounts of all hemopoietic agents, including Intrinsic Factor Concentrate.

It is indicated for the treatment and maintenance of all treatable anemias, including pernicious anemia.

BOTH PERIHEMIN and PRONEMIA are offered in dry-filled, sealed capsules (a Lederle exclusive), which eliminate any unpleasant aftertaste, and facilitate rapid and complete absorption.

If you should like more information about this or any other Lederle product, speak to the Lederle representative.



LEDERLE LABORATORIES DIVISION AMERICAN CYANAMID COMPANY PEARL RIVER, NEW YORK

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NEW MUM. CREAM

24-Hour Protection from Perspiration Odor



You feel fresh and clean 'round the clock when you use MUM. It contains M-3 (hexachlorophene) which inhibits growth of odor-causing bacteria. Creamy MUM is pleasant to use, will not harm fabrics. Make MUM a part of your morning grooming routine and face the day with confidence.

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